SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF WESTCHESTER

---------- x

FOX VARIAN,

Plaintiff, Index No.

61150/2023

-against-

KENNETH EINHORN, PhD, CARMEL PSYCHOLOGICAL ASSOCIATES, P.C., SIMON H. CHIN, M.D. and CAREMOUNT MEDICAL, P.C.,

Defendants.

---------- x

May 21, 2024

2:03 p.m.

EXAMINATION BEFORE TRIAL VIA VIDEOCONFERENCE of a Defendant, SIMON H. CHIN, M.D., by the Plaintiff in the above-entitled action, held at the above date and time, pursuant to Order, taken via videoconference before Charissa M. Hromadka, a shorthand reporter and Notary Public within and for the State of New York.

A P P E A R A N C E S:

FIEDLER DEUTSCH, LLP
Attorneys for Plaintiff
81 Main Street
White Plains, New York 10601
BY: ADAM DEUTSCH, ESQ.
JULIA LONDON, ESQ.
(VIA VIDEOCONFERENCE)

FURMAN, KORNFELD & BRENNAN, LLP
Attorneys for Defendants
KENNETH EINHORN, PhD, CARMEL PSYCHOLOGICAL ASSOCIATES, P.C.
88 Pine Street, 32nd Floor
New York, New York 10005

BY: NEIL KORNFELD, ESQ.
(VIA VIDEOCONFERENCE)

MARTIN, CLEARWATER & BELL
Attorneys for Defendants
SIMON H. CHIN, M.D. and
CAREMOUNT MEDICAL, P.C.
220 East 42nd Street
New York, New York 10017

BY: JOHN BUGLIOSI, ESQ.
(VIA VIDEOCONFERENCE)

xxxxx

S T I P U L A T I O N S:

IT IS STIPULATED AND AGREED by and between the attorneys for the respective parties herein, and in compliance with Rule 221 of the Uniform Rules for the Trial Courts:

THAT the parties recognize the provision of Rule 3115 subdivisions (b), (c) and/or (d). All objections made at a deposition shall be noted by the officer before whom the deposition is taken, and the answer shall be given and the deposition shall proceed subject to the objections and to the right of a person to apply for appropriate relief pursuant to Article 31 of the C.P.L.R.;

THAT every objection raised during a deposition shall be stated succinctly and framed so as not to suggest an answer to the deponent and, at the request of the questioning attorney, shall include a clear statement as to any defect in form or other basis of error or irregularity except to the extent permitted by CPLR Rule 3115 or by this rule, during the course of the examination persons in attendance shall not make statements or comments that interfere with the questioning.

THAT a deponent shall answer all questions at a deposition, except (i) to preserve a privilege or right of confidentiality, (ii) to enforce a limitation set forth in an order of a court, or (iii) when the question is plainly improper and would, if answered, cause significant prejudice to any person. An attorney shall not direct a deponent not to answer except as provided in CPLR Rule 3115 or this subdivision. Any refusal to answer or direction not to answer shall be accompanied by a succinct and clear statement on the basis therefore. If the deponent does not answer a question, the examining party shall have the right to complete the remainder of the deposition.

THAT an attorney shall not interrupt the deposition for the purpose of communicating with the deponent unless all parties consent or the communication is made for the purpose of determining whether the question should not be answered on the grounds set forth in Section

for the communication shall be stated for the record succinctly and clearly.

THAT the failure to object to any question or to move to strike any testimony at this examination shall not be a bar or waiver to make such objection or motion at the time of the trial of this action, and is hereby reserved; and THAT this examination may be signed and sworn to by the witness examined herein before any Notary Public, but the failure to do so or to return the original of the examination to the attorney on whose behalf the examination is taken, shall not be deemed a waiver of the rights provided by Rule 3116 and 3117 of the C.P.L.R, and shall be controlled thereby; and THAT the certification and filing of the original of this examination are hereby waived; and THAT the questioning attorney shall provide counsel for the witness examined herein with a copy of this examination at no charge.

IT IS HEREBY STIPULATED AND AGREED by and between counsel for all parties present that Pursuant to CPLR section 3113 (d) this deposition is being conducted by Videoconference, that the Court Reporter, all counsel, and the witness are all in separate remote locations and participating via Videoconference (LegalView/Zoom/WebEx) meeting under the control of Lexitas Court Reporting Service, that the officer administering the oath to the witness need witness shall be sworn in remotely by the Court Reporter after confirming the witness's identity, that this Videoconference will not be recorded in any manner, and that any recording without the express written consent of all parties shall be considered unauthorized, in violation of law, and shall not be used for any purpose in this litigation or otherwise.

IT IS FURTHER STIPULATED that exhibits may be marked by the attorney presenting the exhibit to the witness, and that a copy of any exhibit presented to a witness shall be emailed to or otherwise in possession of all counsel prior to any questioning of a witness regarding the exhibit in question. All parties shall bear their own costs in the conduct of this deposition by Videoconference.

S I M O N H. C H I N, M. D., the witness herein, having been first duly sworn before a Notary Public of the State of New York, was examined and testified as follows:

EXAMINATION BY

**MR. DEUTSCH:**

Q. Please state your name for the record.

**A. Simon H. Chin, M.D.**

Q. Please state your address for the record.

**A. 111 Bedford Road, Katonah, New York 10536.**

Q. Good afternoon, Dr. Chin. How are you?

**A. I'm great. No change from five minutes ago. How are you?**

Q. Good. My name is Adam Deutsch. I represent the plaintiff in this case brought against you as well as other defendants. Let me start by asking if you have ever been deposed before?

**A. I have.**

Q. On how many occasions?

**A. I would say three or four.**

Q. Were those as a party to a litigation or something else?

S. Chin, M.D.

**A. Party to a litigation.**

Q. Did those all involve medical malpractice cases?

**A. It did.**

Q. And were you defendants in those?

**A. I was a defendant in each of them, yes.**

Q. When was the last time you did a deposition?

**A. Five, seven years ago, something like that. It's been a while.**

Q. Since it's been a couple of years, let me just remind you of some of the rules again. If you need to take a break for any reason, we are happy to accommodate you as long as there's not an open question. You have to answer the question first and then you can take a break at that point. I'm happy to accommodate you for any reason.

If you need to review or look at any of the records, we will talk about what, if anything, you have in front of you, you are welcome to do that to refresh your recollection and you already mentioned you speak fast, so please try to speak slowly for the court reporter and myself.

Please try to let me finish my question

before you give your answer as the court reporter can't take both of us down at the same time and really, as far as I am concerned, the one that has the most importance is that if I ask you a question you don't understand, I don't want you to answer it. I would like you to tell me you don't understand it.

Just so you know the reason for that is that if this case ever goes to trial and you testify at trial about something that is different than what you testified today, I can read to you and point out the inconsistency in the transcript and I don't want to get in a position where you are telling me you didn't understand the question at the deposition. Make sense?

**A. Absolutely.**

Q. Perfect. Why don't you start by you telling me about your educational background. Where did you go to college? What year did you graduate? And we will move on from there.

**A. Sure. I attended Harvard University, graduated in 1995.**

Q. Where did you go to medical school after that?

S. Chin, M.D.

A. I will just go through my training, how is that?

Q. That's fine.

A. Harvard College graduated in 1995. Vanderbilt University School of Medicine, graduated 2000. Yale University School of Medicine combined general surgery VATS surgery six-year program, what's called a three plus three program referring to three years of general surgery and three years of an integrated plastic surgery model. So I graduated from that in 2006.

Then my first fellowship was in orthopedic and plastic hand and microsurgery at the University of Washington in Seattle. Graduated there in 2007. My second fellowship was cosmetic esthetic surgery fellowship at NYU in New York City. Graduated there in 2008.

Since then, I was employed straight out of training by, first, Mount Kisco Medical Group, which then became CareMount Medical Group, which now has become Optum Medical Group. So I have been in practice with them -- I just finished my 16th year, so going into year 17.

S. Chin, M.D.

Q. Are you an employee of now Optum?

**A. That's correct.**

Q. Do you hold any academic titles?

**A. I do.**

Q. Where?

**A. Mount Sinai School of Medicine Assistant Professor.**

Q. And when did you get that title?

**A. Seven, eight years ago I would say.**

Q. Did you ever have any titles at any other institutions?

**A. I believe I have a title at Hofstra University now which is part of Northwell because I have an appointment at Northern Westchester Hospital in Mount Kisco, but I'm not absolutely clear on that, but I do believe so because I received a faculty e-mail the other day asking me to renew something.**

Q. What hospital affiliations do you currently have?

**A. Northern Westchester Hospital in Mount Kisco, New York.**

Q. Any privileges anywhere else?

**A. Ambulatory surgery center for Westchester**

**also in Mount Kisco, New York.**

Q. Anywhere else?

**A. That's all.**

Q. Have you ever held any administrative titles at Northern Westchester Hospital or anywhere else?

**A. Other than the ones that I mentioned at Mount Sinai School of Medicine and possibly Hofstra, no.**

Q. Never chief of a department or director of a department or anything like that?

**A. No. Sadly not my aspiration.**

Q. Have you published anything in the peer-reviewed literature?

**A. I have.**

Q. How many articles approximately?

**A. I have my CV here so I will count them off for you, one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen -- fifteen peer-reviewed.**

Q. Any of the articles you've written in any peer-reviewed literature deal with any type of gender transitioning surgery or anything like that?

S. Chin, M.D.

**A. No. It deals with breast and chest surgery however, which is somewhat relevant.**

**MR. DEUTSCH: John, if you can send me a copy of the CV.**

**MR. BUGLIOSI: Yes, I just got it. I haven't looked at it, but I will send it to you.**

Q. Other than that, have you published any materials on any book chapters or anything like that?

**A. I have, I have, I have. Let's see. Let's look through. I have one, two, three, four -- four published. So -- yeah, okay, it's -- I have three in this edition of my CV, but I think there's four.**

Q. Any chapters you have written in any textbooks deal with any type of transgender or gender conforming surgery in anyway?

**A. The one I just published in 2023 deals with breast surgery so I think that is somewhat relevant here.**

Q. When was the -- you are board certified I'm assuming, correct?

**A. Yes. In plastic surgery and hand**

**surgery.**

Q. And when did you become board certified in plastic surgery?

**A. 2009 and recertified in 2019. The hand surgery was 2010, recertified in 2019.**

Q. I'm assuming you passed your boards on the first try on both of them?

**A. Perfect scores in recertification.**

Q. How about the first time? Did you pass the first time?

**A. I passed the first time also with --**

Q. You are licensed to practice medicine in New York I'm assuming?

**A. I am.**

Q. Any other states?

**A. Nothing that's not been runout because of fellowship training. University of Washington Seattle, Yale University Connecticut, those are licenses I allowed to expire because I finished my training there. No disciplinary action.**

Q. Have you ever had your license to practice medicine --

**A. No --**

Q. -- ever revoked or suspended in New York?

**MR. BUGLIOSI: Wait until he finishes the question.**

**A. I thought I answered it in my last -- but, yes, no, it has never been revoked or never been disciplined.**

Q. Have you ever lost any privileges at any hospitals anywhere?

**A. Never.**

Q. When was the first time that you ever performed plastic surgery in a patient for any type of gender issues?

**A. The first time?**

Q. Yes.

**A. 2008, as far as an attending you are asking, 2008.**

Q. I'm sorry, you started having a --

**A. As an attending in 2008. I trained when I was at Yale and also at NYU, but as an attending in practice, 2008.**

Q. When you say you trained at Yale and NYU, did you actually have specific training involving patients who were gender nonconforming?

**A. Absolutely.**

Q. Tell me about what you learned I guess at

Yale first and then at NYU with respect to that.

A. Sure. Well, this is a history that's very near and dear to me as far as gender dysphoria and a similar but different entity body dysmorphic disorder, as you know. So what I learned at Yale, which was sort of confidant with my family experience, which I will get into a little bit, is how devastating and how scared and frightened these patients are. You know, to be -- to have a discord between what you feel you are and what you were born as and sort of assigned, that's gender dysphoria, is crippling. You are bullied. You feel raw all the time.

You know, a lot of these folks have suicidal thoughts and ideas and I've learned that it is important and there are lots of different rules and regulations -- I shouldn't say rules and regulations. Lots of guidelines, which I'm sure you are going to get into with me later, which help to guide with how to deal with these patients.

Now, you asked what I learned about at Yale and then subsequently over at NYU, so my daughter -- I've got two daughters. One is

currently 22 and she suffers from body dysmorphic disorder and has a lot of mental disabilities, which she was institutionalized in Houston for the past two years, just recently got her back at home and I have been dealing with that and so the depression and anxiety, which is present in about 20 percent of patients with gender dysphoria she has well as, although she has body dysmorphic disorder, in other words, she is unhappy with her appearance and has a skewed perspective on how she looks. And so that was manifested with, you know, sort of eating disorders, you know, she was anorexic for some time so that she hadn't put on weight. So I'm very sensitive on that particular issue.

And then when I was at NYU, you asked me chronologically what I learned over there, I learned that as far as surgery goes because, you know, now I was just getting ready to become an attending, you know, go into practice pretty soon, classically, you know, back, you know, I would say while I was at Yale, we talked about sort of age majority, which in the

United States and in New York, different from state to state, but is 18 in New York State, as I am sure you are well aware, but NYU, I did see more and more younger folks coming in and I mentioned that, you know, chronologically I had issues at home as well.

So my niece has gender dysphoria and right around that time she started exhibiting those signs and symptoms, and so we had conversations as far as, you know, which way to go. So she decided that, you know, although she was born a female she wanted to be and felt and sort of, you know, kind of empathized with being male so to speak. As you might predict, she went through all the classical problems, you know, depression, anxiety, she bound herself, you know, and it was just extremely uncomfortable for her.

Ultimately -- and her father is also a surgeon on staff at Mount Sinai as well, we had conversations about this as well and, you know, so I learned the emotional and psychological impact of how profound this is when you talk about gender dysphoria through both my

collective experiences at Yale and at NYU and in my own family, so this is something that I am very familiar with and something that really strikes close to home for me.

Q. I appreciate that. I obviously feel for what you have gone through with your daughter.

What is your understanding in terms of definitionally what the difference is between body dysmorphia and gender dysphoria?

A. Well, this definition has evolved a little bit more over time, but I will just go straight to DSM-5, you know, just the most recent sort of definition. Body dysmorphic disorder is a psychiatric condition and often involving obsessive-compulsive sort of focus on perceived defects and flaws, which may or may not be there. So body dysmorphic disorder is a dissatisfaction with how you sort of perceive your own body.

Gender dysphoria as defined by DSM-5 is different. This is a marked incongruence between ones expressed and perceived gender with how one was assigned, how one was born, and the latest definition DSM-5 attached a time sort of definition to that, which was, I

**believe, six months, which I do believe is present in DSM-4.**

Q. When you say time six months, six months for what?

**A. Six months as far as feeling and manifesting this marked incongruence or this discordance with what you feel your sex is and how you were born. So in other words --**

Q. Meaning -- go ahead.

**A. Let me clarify. So in the case of somebody who, let's say, was anxious and confused about their identity, you know, for sometime as far as their sexual identity, let's say that these feelings that, oh, you know, I really shouldn't have been I feel like I'm a boy, although I was born female. You know, that sort of feeling, that sort of sense, that sort of -- the distress caused by that shouldn't have lasted these six months. Is that clear?**

Q. Understood.

**A. Thank you.**

Q. In terms of the treatment of patients who suffer from either body dysmorphia or gender dysphoria, did that diagnosis at all come into

play when discussing plastic surgery of that patient?

**A. Well, it depends. If that patient is coming to see me for gender reassignment sure. Gender dysphoria is a requirement to come forward with entertaining surgery, but if you are talking about sort of, you know, somebody who is coming to see me because they are unhappy with their appearance, then of course body dysmorphic disorder, that's a more relevant situation because they are not necessarily wanting to change their sex, but they are unhappy with something that's there, but then of course you have to do a little bit of history and discussion to see if this is something that, you know, seems reasonable, you know, because surgery is sort of a contract between a patient, right, and guardian if they are not of the age majority, as well as the surgeon.**

Q. Just so I understand your testimony, you would agree in someone who wants to go through a top surgery, for example, breast removal surgery for a gender reassignment that gender dysphoria would be a requirement to have that diagnosis

S. Chin, M.D.

before that person could undergo that surgery, is that what you are telling us?

**A. In my expert definition, yes, because as I'm sure we will get into later, there really isn't a recognized authority saying you have to have this, this, this. There are guidelines and I'm sure you are going to reference WPATH, World Professional Association of Transgender Health, which, you know, has been out there on the Eighth Edition 2022, which I know you are familiar with as well, back then -- you know, I am guessing you are going to ask me a few questions about, you know, the plaintiff over here. Back then that was the Seventh Edition, but even then they recognized gender dysphoria what is a requirement for consideration of surgery and I certainly don't disagree with that.**

Q. You don't disagree with that?

**A. I don't disagree with that. I do believe gender dysphoria is an important component of forming a plan, which may include surgery.**

Q. Do you think that performing a top surgery or a breast removal surgery on someone for gender reassignment without a diagnosis of gender

dysphoria would, in your opinion, constitute a departure from the standard of care?

A. You know, I think that's tricky question because you are asking a diagnosis of gender dysphoria over here. I would say that it's helpful to certainly have and it's one thing that one would suspect.

Now, the question is who makes that diagnosis, right, and you know, hopefully that should be a mental health professional, right, but it's something that obviously I sort of confirm during my clinical sort of interaction with the patient preoperatively, and this is why I typically also will have two preoperative appointments before going forward with gender reassignment surgery, although a lot of patients are unhappy about that.

Just because, you know, one, talk about the options, and sort of you -- you know, I want to also confirm that they are serious about this, you know, and that they're matching the dysphoria. And when we talk about sort of the risks and benefits of that kind of thing, which can be scary as a patient, a second

S. Chin, M.D.

**meeting gives time for the patient to ruminate and think, hey, this is the real deal. I'm going to really go through with this, right, and that helps to also solidify that diagnosis of gender dysphoria.**

Q. Now I'm confused because in your prior answer you used the word requirement, that gender dysmorphia was a requirement to have top surgery. Do you agree that --

**MR. BUGLIOSI: Dysphoria.**

**MR. DEUTSCH: I'm sorry, gender dysphoria. I have to keep a note on the top of my pad.**

Q. Gender dysphoria, you used the term that was a requirement. Do you agree with me, yes or no, Doctor, that gender dysphoria is a requirement for a patient to have top surgery, yes or no?

**A. For myself, yes. For myself, yes.**

Q. Do you think that you follow the standard of care as to that requirement?

**A. For myself, yes.**

Q. How about for plastic surgeons in general?

**A. Well, I would say that --**

S. Chin, M.D.

Q. It's a yes or no question, Doctor.

**A. It's a very --**

Q. Let me ask you a foundation.

**MR. BUGLIOSI: Let him answer.**

**A. Can I please answer --**

**MR. BUGLIOSI: Let him answer before you ask a new question.**

**A. Can I please answer your question because you asked for plastic surgery in general, that encompasses thousands of participants in the United States not to mention the world. So I just want to clarify that because what I say doesn't hold for every single plastic surgeon.**

Q. Let me rephrase it. Let me rephrase it.

First of all, Doctor, do you believe there is a standard of care with respect to the patients that are a candidate for transmasculine top surgery? Do you believe a standard of care exists?

**A. No, there is not a clear view form of standard of care.**

Q. Do you believe that there's a standard of care for practitioners, let's say, in New York State with respect to who is a candidate for transmasculine top surgery?

**A. No, I don't believe there is a standard of care. I think there are guideline.**

Q. Would you agree with me that the -- is it the American Society of Plastic Surgeons?

**A. Yes.**

Q. Are you a member of that organization?

**A. I am, I am.**

Q. And would you agree with me that in order to be a candidate for transmasculine top surgery that the American Society of Plastic Surgeons has a requirement of a diagnosis of gender dysphoria, would you agree with that?

**A. Yes.**

Q. And would you agree with me that not only does the patient have to have a diagnosis of gender dysphoria, but they have to have a diagnosis of persistent gender dysphoria, correct?

**A. They have to have a letter of support for top surgery to include gender dysphoria. I bring that up just because, you know, we can play semantics over here as far as saying whether it's for it, recommendation, diagnosis, but the strict definition is you need a letter of support.**

Q. And the letter of support would have to

include a diagnosis of gender dysphoria, correct?

**A. I think it would have to give a description and one would have to convince themselves that the patient had gender dysphoria.**

Q. Whose role is it to make the diagnosis of gender dysphoria, the plastic surgeon or the mental health professional?

**MR. BUGLIOSI: Objection.**

**A. The mental health professional.**

Q. If a patient comes to you without a diagnosis of gender dysphoria, do you believe that you would be in a position as a plastic surgeon to make a diagnosis of gender dysphoria by yourself?

**A. I believe I would be -- no, I believe I would have to confirm and corroborate what I receive in communication from the referring mental health provider.**

Q. Would you agree with me that to make a diagnosis such as gender dysphoria would take a long sort of relationship or history with a patient?

**A. Yes.**

**MR. KORNFELD: Objection.**

Q. Would you agree with me that's not a

diagnosis that could be made in one or even two visits?

**A. Agreed.**

Q. And therefore if a patient comes to you without the diagnosis of gender dysphoria, even if you saw the patient twice before surgery, you couldn't possibly than make that diagnosis on your own, correct?

**A. If I felt the mental health professional who evaluated the patient wasn't confident that this was gender dysphoria, then I would have a conversation with the mental health professional or somebody else, yes.**

Q. So if there's no diagnosis of gender dysphoria, you would feel that it would be appropriate to contact the mental health professional and have a discussion about that before you proceeded with surgery?

**A. If I was confused about that.**

Q. What would make you confused about such a diagnosis?

**A. So, for example -- and I'm sure you are alluding to this letter of --**

Q. No, no. I'm just talking generally right

now.

A. Oh, I would be confused if, let's say, the psychologist stated the patient has X disorder or Y disorder, but not gender dysphoria, but then started going into great depths of something which seemed having nothing to do with gender dysphoria, let's say, body dysmorphic disorder. Let's say, psychologist A said this patient suffers from body dysmorphic disorder and then proceeded into a description of the patient had anorexia, the patient had weight loss, patient has had six plastic surgery procedures because they are not satisfied with their appearance then I would suspect body dysmorphic disorder, not gender dysphoria.

So that situation I would be confused and say, hey, patient you are here to see me about top surgery, but everything I've read here spells to me like body dysmorphic disorder. I think we need to investigate this further. However, if in the body of the letter of support they describe situations and actions which are consistent with gender dysphoria and then I corroborate that with my own questioning

**and history then I would feel comfortable going forward.**

Q. So as I understand it, it's your opinion that you as the plastic surgeon has an independent obligation to at least verify whether a patient in your opinion has gender dysmorphia before going forward with the surgery and not just relying on the letter from the mental health professional; is that fair?

**A. Well, I think it depends on what you say by verify. If you are talking formally reach out, have a communication, call a person, so on, you know, one certainly can do that, but I think if one felt comfortable at reading this letter and seeing a clear history, multi years, you know, one, two, three years, whatever you want to call it, and they are describing all the signs and symptoms of general dysphoria maybe not without actually not stating the diagnosis of gender dysphoria in this letter and that is consistent with what I see, I think that is fair.**

Q. How about a 13-month history as opposed to one, two or five years, would that change your mind?

A. DSM-5 says at least six months, so I think 13 months is appropriate. It would satisfy the bill.

Q. Do you know what the WPATH says about that?

MR. BUGLIOSI: What year?

Q. The Seventh version, which is the one that was in place at the time of the event.

MR. BUGLIOSI: Of 2012 you are talking about?

MR. DEUTSCH: Yes.

MR. BUGLIOSI: Over objection to relevance. Go ahead.

MR. DEUTSCH: It's the one that was in place, the version that was in place at the --

MR. BUGLIOSI: Yeah, seven years prior to --

A. Sure --

MR. BUGLIOSI: I'm not objecting other than placing it on the record.

You can answer.

A. WPATH volume 7, page 21, quote chest surgery in female to male patients can be carried

S. Chin, M.D.

out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment, but is not necessary to do so. So, in general, as far as further criteria, I quote page 59, one, persistent well-documented gender dysphoria. Two, capacity to make a fully informed decision and to consent for treatment. Three, age --

MS. REPORTER: Stop, stop.

THE WITNESS: Sorry, this is my speed. Should I start from the beginning again?

A. I started with saying WPATH version 7, page 21.

Q. Give me a second to get there. Go ahead.

A. Chest surgery and female to male patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that can provoke abuse and stigmatization.

I'm going to now jump to WPATH version

7, page 59. "Criteria for mastectomy and creation of a male chest in female to male patients. One, persistent well-documented gender dysphoria. Two, capacity to make a fully informed decision and to consent for treatment. Three, age of majority in a given country. If younger, follow the standard of care for children and adolescents. Four, if significant medical or mental health concerns are present, they must be reasonably well controlled. Then hormone therapy is not a prerequisite."

Q. Did you ever speak to Dr. Einhorn about Ms. Varian?

A. I did not.

Q. Were you aware how long Ms. Varian had felt that she was transgender?

A. Yes. I have two accounts of that. So one is Dr. Einhorn's letter of support and I quote in November of 2018, B. Rohan shared that she felt she was transgender and felt much more comfortable being identified as a male.

If you are looking for a time period there, since I operated in December of 2019,

that would be 13 months where she felt that way according Dr. Einhorn's recollection. According to my history, which I took my first pre-operative meeting with Rohan Beisel, I quote he started thinking about this for three to four years and has thought this through and has the support of his parents then to go forward with this as well. He's gone through a lot of psychological anguish while he's been trying to transition. He has already done his research and is expecting the short scar breast reduction therapy.

So to my history, Rohan told me that he had been thinking about for three to four years. To Dr. Einhorn in his letter of support, he stated at least 18 months.

Q. 13 months.

A. I'm sorry, 13 months. Thank you for that. My bad, but in any case, the time period in my sort of recollection talking to both the mother as well as the client, it seemed as if he had thought it through for at least 13 months prior to surgery.

Q. Did you do anything to try to verify or

question either the patient or anybody else to try to figure out which of those two wildly different estimations were more accurate?

**MR. BUGLIOSI: Objection to the form.**

**A. I mean, I don't know if I -- I don't know if I would call that wildly. I would just say that I think when one is suffering from anxiety and one is there with sort of health professionals it's not so farfetched to maybe think something might have been longer than a year or year and a half or so because for myself, again, he said three to four years.**

**You know, we talked about sort of how long he had been feeling anxiety. He mentioned he had been seeing Dr. Einhorn back from I believe June of 2017. That he had been binding, you know, for that time for at least a year or plus. So in my sort of interpretation of guidelines out there, one of being his WPATH, he met the criteria of feeling for at least one year that he was transgender.**

Q. Do you know if she had been dressing or living in the opposite sex for any period of time

prior to your surgery?

**A. So just before I answer that because you know --**

Q. Well, you can answer my question first and then you can tell me what you want to say after that.

**MR. BUGLIOSI: No. Let him finish what he --**

**MR. DEUTSCH: It doesn't work like that.**

**MR. BUGLIOSI: Then he's not answering your question. I don't care. Let him speak.**

**MR. DEUTSCH: I'm letting him speak. I've let him speak more than any witness I usually ever let speak, but I asked a question and he can answer that question.**

**MR. BUGLIOSI: He's going to add to a prior answer, which he has a right to do and you know that.**

**A. I'm not going to expound when I say I want to speak. I'm just referring to the he/she business here, if that's okay with you, because**

S. Chin, M.D.

you said she. At the time he saw me, it was a he. I don't know if he's a he or she so I want to be sensitive to this because I know that patients are. So for the remainder of our deposition, should I refer to Rohan as a he or she? What would he or she prefer to be?

Q. A she.

A. She, okay. So I will go to she and refer to she.

Q. Sure. So now you can answer my question.

A. So you were asking if they were living that way. So what she told me was that she had been binding herself, you know, since at least that time so at least for a year.

Q. Obviously you have reviewed certain material before the deposition today. Can you tell me what you have reviewed?

A. Sure. I reviewed my notes, I reviewed Dr. Einhorn's letter of support, I brushed up a little bit on my WPATH because although I often think about that when I perform surgery, I brushed up on clearly those things I just quoted to you as far as top surgery criteria.

Q. Anything else?

S. Chin, M.D.

**A. I looked at some general statistics about top surgery. As you know, it's becoming more and more prevalent in the adolescent population. I thought it would be interesting to look at the general trend of what was happening with top surgery in adolescents in the United States.**

Q. When you looked at general statistics, where did you look for those?

**A. I looked on PubMed.**

Q. Was there a particular article that you referenced, particular author?

**A. I haven't referenced that author yet, but I looked at a couple of articles, yes.**

Q. Can you tell me what those were?

**A. One was Rishub, et al, R-I-S-H-U-B, et al and that's in the pediatric journal, Pediatric Journal of American Medicine.**

Q. Do you remember the title of the article?

**A. Not offhand, not offhand, but I can look it up. If you want to wait a minute, I can look it up and see. Would that be helpful?**

Q. Sure. Why not?

**A. Let's see. It's JAMA Pediatrics and the title of the article is gender-affirming chest**

**reconstruction among transgender and gender diverse adolescents in the U.S. from 2016 to 2019.**

Q. I see. By Karan Rishub?

**A. Right.**

Q. Would you consider that to be a reliable source of information?

**A. JAMA Pediatrics is a nationally recognized journal, yes.**

Q. How about that article itself? Obviously you utilized it as a reference point so I'm assuming you would consider it a reliable piece of information. Fair enough?

**A. Fair enough.**

Q. What other articles did you review other than that?

**A. I looked at a couple more -- oh, one was Lakatta, L-A-K-A-T-T-A. I believe that was the Aesthetic Surgery Journal and, you know, as I'm sure we might get into later, there's something called a short scar breast surgery method and that features a vertical scar and that was one important article looking at how vertical scars are preferred to horizontal scars in breast surgery.**

S. Chin, M.D.

Q. Anything else?

**A. No. Those were two articles that I could quote to you as far as the authors, you know.**

Q. What material do you have in front of you there today?

**A. I have Dr. Einhorn's letter, I've got my chart materials, which include all the consultation visits in the Optum notes, I have -- in my bag I've got sort of the hospital record, as far as the consent form and anesthesia records I believe and I've got some paperwork from my office today, which I haven't filled out yet.**

Q. Is that involving this case or --

**A. No, no, that's not.**

Q. And you also have a copy of your CV?

**A. Oh, yes, thank you, which I gave to John actually. So John has it now, but yes. One other additional thing, the WPATH sheets that I quoted, those quotations, I have page 21 and I believe page 56, those two as well.**

Q. The ultimate decision as to whether a patient is a candidate for transmasculine top surgery, does that fall with the plastic surgeon or does that fall with the mental health

professional or both?

**A. I think the ultimate decision falls with the patient, they are the ones consenting to the procedure.**

Q. Are there times that a patient, especially in the field of plastic surgery, are there times that a patient feels they want a procedure and yet you don't feel that that procedure is indicated?

**A. Yes.**

Q. And in that circumstance if a patient says to you I want this procedure but you don't feel the procedure is indicated, I'm assuming you wouldn't go forward and do that procedure, correct?

**A. Correct.**

Q. And I'm assuming that that's no different in a transmasculine top surgery with someone who may have some gender conforming issues that if you didn't feel the patient was indicated for the procedure you wouldn't perform it, correct?

**A. Correct.**

Q. And that would be a departure to perform a surgery on someone that was not indicated,

correct?

**A. A departure from what?**

Q. From the standard of care to perform a not indicated procedure on someone, correct?

**A. A not indicated --**

**MR. BUGLIOSI: If you can't answer, just tell him. It's fine.**

**A. The question is very terse so I want to elaborate just to make sure I understand the question as you were alluding to before. So when you are saying if it wasn't indicated by me, by the patient, by the standard of care? What exactly are you asking?**

Q. Sure. Well, first of all, can a patient create the indications for a procedure ever?

**A. Create the indications? The patient should have the indications, yes. I mean, if you asked me for a top surgery clearly you know if you don't have gender dysphoria I wouldn't think it would be indicated. Yes, the patient should have the indications for surgery.**

Q. Correct, but my point is, is that the determination as to whether or not the patient has the indications for surgery in this case when you

S. Chin, M.D.

are dealing with transmasculine top surgery, whose role is it to determine if the patient has the indications for that surgery, you or the healthcare professional?

**A. I think there are three actual participants here. The patient, the mental health professional and the surgeon.**

Q. So if a mental healthcare professional sent you a letter saying that they are -- I don't know if approve or in support of a patient having a top surgery and you did not feel that that patient was indicated for the top surgery, would you go forward just based on the healthcare professional's recommendation?

**A. No. As mentioned before it's collaborative.**

**MR. KORNFELD: Can I just have the answer read back? I couldn't hear it.**

**(The requested portion of the record was read by the reporter.)**

Q. Did you ever get a copy of Dr. Einhorn's records?

**A. No. I have not perused those.**

**MR. DEUTSCH: Can we just take a**

two-minute break?

(A brief recess was taken from 2:48 p.m. to 2:53 p.m.)

Q. How does the fact that a patient may be a minor play into the discussions that we have been having about the indications for surgery?

A. Well, clearly it's instrumental to have and necessary to have parental support from this and the consent form for the operation is signed by the parent. I think it's important as, you know, I'm sure you are aware that to navigate through this troubling time successfully and, again, you know, I had to do that with my niece as well, that you have good parental support in order to go forward with this especially when one is young and may feel like they need some advice.

Q. How about other diagnoses that the patient may have including being on the spectrum, autism spectrum or something like that?

A. Right. So that's something that, you know, of course those are -- I'm not a mental health professional, but you know, at least 20 percent of these gender dysphoria patients carry a diagnosis like that, you know, and in my

experience with this as far as seeing other patients within my family, both my daughter and my niece have some degree of sort of autism as far as social anxiety and difficulty to interact with others. So it's not unexpected to see.

I think that if it's to a point to reference yourself, if the patient comes in and is suicidal at the time when they are talking about surgery, I think that's something clearly, you know, that needs to be addressed because that threatens the patient's mortality, but I do think it is important that when I'm having the discussion with a minor and his parents or parents that feels they are in an appropriate mental state to go forward and to have this discussion.

Again, this is why I insist on having a second preoperative visit prior to surgery for gender reassignment in order to confirm that.

Q. Do you ever look at or take into account the credentials or experience of the mental healthcare professional with respect to these gender issues when a patient gets referred to you?

S. Chin, M.D.

**A. Well, if we are referring in this case since we are talking about this case with Dr. Einhorn --**

Q. I'm just asking you generally speaking.

**A. Oh, I don't usually look up their CV. If I know they come from a reputable group in that area and have been in the community for sometime and everything sounds reasonable, I don't Google them if that's what you are asking.**

Q. Were you aware of Dr. Einhorn? Did you know Dr. Einhorn before you --

**A. I didn't know his first name, but he had sent me patients in the past before and I believe his group had sent me patients as well in the past for gender reassignment surgery as well.**

Q. How many patients do you know or do you recall of Dr. Einhorn referred to you in the past for gender reassignment surgery prior to this?

**A. I don't think many for Dr. Einhorn perhaps one or so, but I do five or ten gender reassignment surgeries per year, you know, and we are going back to, like, 2008 here so I can't remember exactly how many. I mean, I get them from all over New York State and sometimes out of**

**state so it would really be a guess. I don't know exactly how many.**

Q. Prior to this procedure in December of 2019, you had been participating or doing gender reassignment surgeries for over ten years already?

**A. Yes, that's correct.**

Q. And you said approximately five per year or so?

**A. Five to ten per year as an attending in practice and then of course there were more in training.**

Q. Let's talk about some specifics with this case for a little bit. When was the first time you saw at the time -- I will refer to her as Fox, but at the time you saw her as Isabella or Rohan (phonetic). I believe your first visit was October 15, 2019; is that right?

**A. That's correct.**

Q. When you saw her for the first time, were you aware at that time that she had been referred by Dr. Einhorn?

**A. Yes.**

Q. And whose Lawrence Baskind?

**A. Lawrence Baskind, sounds like a**

**pediatrician.**

Q. So your note from October 15, 2019, do you have a copy of that?

**A. I do.**

Q. And it indicates the referring healthcare professional is Lawrence Baskind. Do you see that?

**A. Oh, yes, yes. Pediatrician.**

Q. Lawrence Baskind is a pediatrician?

**A. I believe so. I'm not certain. I believe he's a pediatrician, as I said before.**

Q. How is it that you knew that she was referred to you by Dr. Einhorn if you put in here that the referring healthcare professional was Lawrence Baskind?

**A. Because I have a letter of support from Dr. Einhorn.**

Q. What's the date of the letter?

**A. October 14, 2019.**

Q. So the day before you saw her?

**A. Correct.**

Q. Did she bring the letter with her or did he send it to you or something else?

**A. That would be a guess. I'm not certain.**

**This was years ago.**

Q. When a patient --

**MR. BUGLIOSI: Hang on. You said he. Who is he that you are referring to?**

Q. Well, did she, did Rohan or Fox bring you that letter with you at the time or was that sent to you or are you not sure?

**A. I'm not sure.**

Q. What is your sort of custom and practice when you see a patient for the first time who is coming to you for the possibility of a top surgery such as this? How do you go about evaluating that patient initially?

**A. So I have a conversation with the patient that generally lasts about 30 minutes at least. If the patient is a minor it's helpful to have the parent, at least one parent there to corroborate and to add additional details.**

Q. Let me stop you for a second. Is it helpful to have the parent there or is it a requirement that the parent be there?

**A. Well, sometimes the patient isn't comfortable speaking about certain things, you**

know, without the parent. Now, sometimes when we have to talk about specifics we have the parent leave the room for a period of time about sensitive topics that maybe they don't feel comfortable discussing. Ideally the parent should be there.

Q. That didn't quite answer my question. My question is whether the patient may feel uncomfortable or not, is it a requirement when you are having these discussions that you have on the initial visit with a minor is it a requirement that the parent be there?

MR. BUGLIOSI: Note my objection to the initial part of the question.

You can answer.

A. For the critical portions of the discussion, yes, the parent should be there.

Q. You can continue now. You have a discussion, you spend about 30 to 40 minutes, pick up where you left off in terms of how your initial evaluation goes.

A. Sure. So we talk about why the patient is there and it's important, you know, in this case because we are talking specifically about

this case over here that the patient understands why she, in this case, or he is there.

Also, I do stress the importance of being in accord and in alignment with the parents and sometimes this is where the patient asks the parent to leave, you know, to go into more specifics about this, especially if there are difficulties. In Rohan's case that was not the case, but you asked me what I customarily do there.

I like to see that the patient has thought about living in their sort of reassigned gender for a year's time. So if it hasn't been a year's time, you know, we try to schedule any kind of potential intervention for at least a year's time later. We discuss sort of research as far as specifics expectations.

For example, in Rohan's case, she had come in already doing quite a bit of research and talked to me about short scar breast surgery. So I saw that she, you know, right off the bat what that was and what that meant. So clearly she had done some reading.

We then take a sort of history on

basic medical issues. We discuss hormone therapy if that was instituted. In Rohan's case, she did not take hormone therapy. That's not surprising. Only 20 percent of people of patients who undergo top surgery actually undergo hormone therapy. So to myself it's not a contraindication.

Then, you know, I talk about the surgical options and I prefer doing the short scar method both in woman and in transgender patients who at that time are writing themself and calling themselves he. And then after we discuss the basic methods we talk about the risks and benefits and, you know, scarring is a big one of course because if she is transitioning into a he, one of the things that's often discussed is bearing their chest in a pool or at a beach type setting or in a locker room, you know, and talk about scarring and the fact that, you know, there's no guarantee that there aren't going to be scars and how we are going to treat that afterwards and what the options are.

We also talk and I sort of hammer this

point home about the possibility of having multiple surgeries. Breast surgery to me, whether it's in a transgender patient or in a female patient or in a male patient is nipple centric, meaning that it's important to keep the nipple viable. It's hard to reconstruct a nipple that looks like an actual nipple and this is true in cancer surgery, oncological surgery and surgery such at this, or if I have a minor boy who is wanting to simply treat gynecomastia. So we discuss the importance of keeping the nipple viable, leaving some tissue there and the possibility of maybe needing a second surgery down the record.

After that, we talk about sort of any questions that the patient may have and then I recommend a second visit to give time to see what ruminates or things we talked about, discussed so that when they come back, we can, you know, answer those.

Q. Sitting here today, do you have an independent recollection of Rohan or Fox?

A. As far as what she looked like at the time you are saying?

S. Chin, M.D.

Q. Not looked like. So your first visit was October 15, 2019 and in that note you document a history of Rohan or Isabella at the time, correct?

**A. Right.**

Q. And when you take your notes, is it your custom and practice to document things obviously you don't write everything down but you document the significant findings in your note or you attempt to?

**A. I attempt to, yes.**

Q. And you reviewed your note of October 15, 2019 before today, correct?

**A. Right.**

Q. And other than the history contained in your note of October 15, 2019, do you have an independent recollection of any other portion of any conversations or any other history that you obtained from Rohan on October 15, 2019?

**A. I mean, I believe that salient points are there. I don't think I mentioned the hormonal refusal portion, although I did ask about that. That's customary for myself to ask as far as hormone therapy, but I don't think that was there written out in my note. Let me see. No, but I**

**think the other salient points I have already discussed, as far as researching tools, the length of time, the support of the parents and the psychological anguish of course that comes with this condition.**

Q. My question is a little different. My question is other than what's documented here, do you have a specific recollection of any other conversations or details that you had with Rohan on this date?

**MR. BUGLIOSI: Over objection you can answer.**

**A. Other than the hormone therapy, no.**

Q. Now, do you specifically have a recollection of discussing hormone therapy or is it just based upon your custom and practice that is something that you always discuss?

**A. It's something that I always discuss and it comes up in the initial -- as part of the initial questions just like my history and physical.**

Q. So you don't have an independent recollection of that actual conversation, it's just based on your custom and practice is what you

are telling us?

**A. I'm certain I do because I do that 100 percent of the time.**

Q. Do you recall if either of her parents were present during this first visit?

**A. I believe her mother was there. I know for certain the mother was there on the second visit.**

Q. Is it documented anywhere here on the first visit whether either of her parents were present?

**A. No.**

Q. But it is obviously your custom and practice that if a parent is present that is something that you document, correct?

**A. I generally do it. I may not always. There's a transcription service, you know, for my notes and sometimes they don't transcribe over so there's a --**

Q. Is it your opinion that there are things that you may have dictated that weren't transcribed properly in the note or left out of the note based on the transcription service?

**A. Sure. A spelling error has happened and**

**most of the time I catch them, sometimes I don't.**

Q. Is a sentence about whether a parent was present a spelling area that you would think would be lost in the dictation or transcription?

**A. It's not a spelling error, but it can be lost, sure.**

Q. But you don't have a recollection one way or another if her mom or dad were present on that first visit, correct?

**A. I'm not certain if the mother was present at the first visit, correct.**

Q. And obviously if the mother wasn't present that would go against what you consider a requirement that the mother be present for these conversations, correct?

**MR. BUGLIOSI: Objection to the form.**

**If you can answer, go ahead. If not, he will ask you a new question.**

**A. Hence the reason for the second visit there where --**

Q. It's not what I asked you, Doctor. I didn't ask you about --

**MR. BUGLIOSI: Wait, wait.**

S. Chin, M.D.

Q. I asked you about the first visit.

MR. BUGLIOSI: Stop. Let him finish before you ramble on again.

Go ahead.

MR. DEUTSCH: I am not rambling on. I think the only person rambling on is your client, John.

MR. BUGLIOSI: You are never ever going to cut off one of my witnesses ever. It will never happen. So let him finish his answer and then you can ask another question. That's how it works, Q and A. Go ahead.

MR. DEUTSCH: The A has to be responsive to a Q.

MR. BUGLIOSI: Let him finish his answer or we are done now. Understand that?

MR. DEUTSCH: All right. Then I will start asking yes or no questions for the rest of the deposition.

MR. BUGLIOSI: What have you been doing? What have you been doing?

MR. DEUTSCH: Really, John?

S. Chin, M.D.

MR. BUGLIOSI: Let him speak or I'm clicking the exit button.

MR. DEUTSCH: I don't know who you are putting on a performance for here, John.

MR. BUGLIOSI: I am not performing for anybody, but it's very hard to listen to you. I'm used to Duane. It's a different style. I am not accustomed to you yet. I apologize. If you'd like his prior answer, please do so. If not, that's fine. Then you can ask whatever questions you have left.

MR. DEUTSCH: Great. We will do it that way.

MR. BUGLIOSI: Don't cut him off.

MR. DEUTSCH: Go ahead. Are you done?

A. I'm sorry, I lost the question.

MR. DEUTSCH: Why don't we read it back.

A. Sorry?

Q. The court reporter is going to read it

back.

(The requested portion of the record was read by the reporter.)

Q. It's a yes or no question, Doctor. If you can't answer it yes or no, tell me you can't answer it yes or no.

**MR. BUGLIOSI: Wait, wait. Is he answering what the court reporter asked or are you adding on to the question? I am very confused.**

**MR. DEUTSCH: I will make it easier for you, John, I am going to withdraw my last question.**

**MR. BUGLIOSI: Thank you.**

**MR. DEUTSCH: I will ask it again.**

Q. Doctor, you told us before that it was a requirement with a minor that the parent be present for your conversations with them, true or false?

**A. Not every conversation. I said preoperatively, yes.**

Q. And the October 15, 2019 was the first preoperative conversation that you had with Ms. Beisel (phonetic), true or false?

**A. True.**

Q. And therefore, based on what you just told us, the mother, it was a requirement that a parent be there for that conversation, true or false?

**A. False.**

Q. So only some preoperative conversations it's a requirement that the mother be there for?

**A. Preoperative conversation and then on the day of the surgery to sign the consent.**

Q. Is a parent required to be present for every pre-operative conversation that you have with a minor, yes or no?

**A. No.**

Q. What preoperative conversations is the parent required to be present for and what preoperative conversations is the parent not required to be present for?

**A. In general, I would like the parent to be there for all the discussion, but at times there would be sensitive material, especially if there was strife between the patient and the parent to get to the point, to get to the office to discuss top surgery that they might not want to divulge in**

front of their parents, but ultimately, ultimately the parent has to sign consent. We, the minor, the parent, myself have to be on the same page as far as going forward with the surgery. The parent has to sign the consent form. That is a requirement.

Q. The signed consent form, Doctor, though happens well after these initial preoperative conversations, correct?

A. It happens afterwards, yes.

Q. So now we are talking before you obtain a signed consent form are there certain conversations that you feel comfortable having with a minor patient without the presence of their parents?

A. Yes, and that is the strife between the parent and the minor.

Q. When you say strife between the parent and the minor, what do you mean by that?

A. So I'm going to give you a bit of an answer over here. So my niece who was contemplating this surgery, her parents are both physicians, they were very reluctant to go forward with top surgery. She did not feel comfortable

**initially talking about this issue with her parents in their presence. So she spoke with me as far as what my thoughts were and her opinion regarding this because there was so much obvious mental anguish on her part, I thought it was appropriate to have a discussion without her parents there, but prior to any kind of surgery, obviously I'm not going to operate on my niece, but sort of recommending this, I insist on having the parent there to discuss risks and benefits to see if they thought the surgery was warranted and if they confirm an appropriate support for the minor in question.**

Q. First of all, when your niece came to talk to you about this, was she coming to you as her uncle or as a doctor or both?

**A. Both.**

Q. And do you know what Ms. Beisel or Ms. Varian, what her mother's feelings about the surgery were?

**A. She was willing to go forward and she supported her daughter at the time.**

Q. Do you know any of the history that went into the mother being, let's say, on board with

the surgery?

**A. They mentioned that her mother was -- required time in order to be convinced that she needed to go forward with the surgery.**

Q. Who told you that?

**A. The patient and the mother I believe both told me that during the second visit.**

Q. Did you document that anywhere?

**A. Yes.**

Q. Where?

**A. I will read. The patient is approved for gender reassignment surgery is here along with his mother to discuss treatment options for this. I apologize for the his but at the time she wanted to be called he at that time. We discussed one versus two-stage treatment and she had further questions about this. She referring to the mother now. He is the patient. She is the mother. So she was present, that is the mother, because she was not undergoing gender reassignment surgery, and we discussed sort of again the ramifications, the risks and benefits the fact that, you know, it seemed to require time for Isabella, at the time as she was so named, to convince the mother to go**

**forward with the surgery.**

Q. That portion that you just ended with that it took time to convince the mother, is that portion documented anywhere?

**A. She had further questions about this. That's what I'm alluding to.**

Q. So you have an independent recollection sitting here today of what questions she wanted to ask you and that those questions involved the amount of time it took to convince the mother?

**MR. BUGLIOSI: Objection to the form.**

**You can answer.**

**A. I don't know exactly how much time it took. I do remember during this conversation that her mother had many questions.**

Q. But many questions is different than -- you know many questions about the different stages of surgery or different way you can do surgery is different than discussions about how long it took the mother to get on board with the surgery, which is what you are now alluding to, that part is not documented anywhere, correct?

**A. As far as the amount of time it took the**

**mother to get on board, correct, that's not documented, no.**

Q. But you have an independent recollection of that discussion?

**A. I do, I do.**

Q. We will get back to the second visit -- actually, let me ask you that now, what is your recollection of the reservations that the mother had?

**A. She was -- she had questions regarding the risks of surgery, the scarring of surgery, the technique of surgery. As I said before, I don't remember the specifics about what exactly caused the strife between the two, but it sounded as if, to me it makes sense, that the mother was not initially for the operation and that it took time for Isabella to convince her parents. It's not documented over there, but I do remember that it took time, but at the time of surgery the mother was on board.**

Q. And the strife, as you refer to it, between the mother and child, do you know if any of that strife had to do with the mother's belief that the child did not have gender dysmorphia?

S. Chin, M.D.

**MR. KORNFELD: Objection. Are you referring to strife with other patients or --**

**MR. DEUTSCH: No. The strife between the patient here, Ms. Varian, and her mother.**

**MR. KORNFELD: I don't think he testified there being strife.**

**MR. DEUTSCH: I think he did testify that there was strife.**

**MR. KORNFELD: He testified that sometimes there is strife with patients and their parents.**

**MR. BUGLIOSI: Correct.**

**MR. KORNFELD: He didn't talk about this patient having strife with her mom.**

Q. Was it your understanding in this case that there was strife between the mother and the daughter about having the surgery?

**A. At the time that they saw me, no, they did not have strife. They were on the same page.**

Q. Were you aware --

**A. But -- sorry.**

S. Chin, M.D.

MR. DEUTSCH: He answered the question, John.

MR. BUGLIOSI: No, no. He's not done answering. Just let him finish.

Q. Go ahead.

A. But it appeared to me that it took time for Isabella to convince her mother to get on board with the surgery.

Q. Do you know why that was?

A. I mean, I don't remember her exact answers. I believe that perhaps the mother didn't want the surgery for Isabella initially.

Q. Do you have a specific recollection of that or is that just --

MR. BUGLIOSI: He answered yes. Next question, please.

A. We didn't talk about the specifics of exactly why not. I think, you know, she was concerned, as any parent would be, of having their child undergo surgery.

Q. So, as you understand it, was the mother's concerns more about just the risks of the surgery itself and the potential problems that could arise from surgery or was the mother's

concern more about the underlying factor of whether her daughter should actually have the surgery in the first place?

**A. At the time of the second visit, the questions were mostly about the risks and benefits of surgery because, you know, she was on board with Isabella as far as going forward with the surgery.**

Q. How did you know that?

**A. Because we had a discussion as far as the risks and benefits, gender reassignment, the specifics of this. Her mother didn't -- I have no recollection of her walking out saying we are not doing this. I have no recollection of her refusing to go forward with this.**

Q. Do you have an informed consent discussion with patients when undergoing any type of breast surgery?

**A. I do.**

Q. And if you are having a breast reduction surgery on a woman for, let's say, cosmetic or other reasons versus a gender reassignment surgery where you are going to remove breasts, is your informed consent discussion that you have with the

patient the same or is it different?

**A. It's different.**

Q. Explain to me what your conversation entails in a gender reassignment surgery first and then I will ask you to explain how it's different from another reduction surgery.

**A. So gender reassignment surgery is going to contain all the ailments of scarring, bleeding and infection, sort of all the technical risks so to speak. As far as the gender reassignment surgery, I have two discussions, as I mentioned, two preoperative discussions as opposed to breast surgery where sometimes there will be just one and that takes into account the emotional and psychological and psychiatric differences between the two. So they relate to the fact of ascertaining and confirming that the patient and the parent, if the patient is a minor, are going forward with the surgery.**

Q. Tell me what the conversation entails for that portion. Do you ask the patient questions, do you give them information, a little bit of both? Tell me what the discussion entails with respect to that second portion separate from the

technical aspect.

**A. So the difference there that I will talk about, although you know with a nongender assignment case there are still going to be permanent changes. I reinforce that portion and say with surgery you are going to bare scars on your chest and this is something that potentially can be mediated or reversed because the way -- the percentage of regret so to speak after transgender surgery is approximately 1 to 4 percent depending upon what you read. So although that percentage is relatively low, we all recognize that there is time for adolescents and minors and even adults to change their decision down the road.**

**So in that case, I will ask questions like, oh, in this case for Isabella, it's been a month since I last saw you or it has been three weeks since I last saw you, have you had time to reflect upon going forward with the surgery because you will bare scars. This is going to be surgery that may be permanent as far as your decision to live this way and if you have regret you may regret this obviously going forward with the surgery, and the**

**questions are generally along those lines of thinking of impressing upon them the gravity, the permanency of going forward with a body alteration and really a psychological alteration that comes compliment with this kind of surgery.**

Q. Would you agree with me that that portion of discussion would be a significant portion of your discussion with these patients --

**A. Yes.**

Q. -- when gaining consent?

**A. Yes.**

Q. Can you show me where in either visit one or visit number two there is any documentation of any kind dealing with that significant portion of your conversation with the patients?

**A. Sure. So in the first preoperative visit October 15th, okay, started about this three to four years ago and thought this through and has the support of his parents now to go forward with this as well. He's gone through a lot of psychological anguish while trying to transition. So that tells me that he spent a lot of time thinking about this, being firm with this and**

**going forward with this. Pardon for using the he I know he refers to she, but that comported to this time for the he.**

Q. It's okay.

**A. Then at the bottom he understands there will be scars, a vertical scar in particular, which may be permanent on the male chest. Risks and benefits explained, including infection and so, which I won't go into. Voice understanding and will think about his options. So there we discussed the options as far as doing the surgery, going forward with the surgery, having the surgery and then I am going to go into my second note.**

Q. Hold on. Let me stop you. Let me ask you about the first note.

**A. Sure.**

Q. Would you agree with me that there is no specific language in that note that talks about you having a conversation with the patient about the psychological aspects of the surgery, would you agree with that?

**A. Well, I would say that when he understands that there will be scars, a vertical scar in particular which may be permanent, I would**

**actually say that I impress there the permanency of these scars and I think that when that point is driven home a person has an emotional response to that so I would actually disagree with you on that point.**

**So going back to the second note over here, the patient is approved for gender reassignment surgery and is here along with his mother to discuss treatment options for this, she had further questions. I don't discuss the emotional aspect in that first paragraph. Otherwise, I would say in my impression and the notes I go more into the technical aspects of the details over there.**

Q. And there is nothing in the second one at all that details any discussions about the psychological aspects of the surgery, correct?

**A. That details, no.**

Q. In fact, the only thing that appears to have been discussed at that point or that you documented was if you wanted to pursue this as a two-stage surgery or a one-stage surgery, correct?

**A. No. We discussed here the risks and benefits and the second time risks and benefits**

**explained, we discussed the potential complications as well, not just the one versus two-stage.**

Q. Correct, and those are the risks and benefits that go along with any plastic surgery, correct?

**A. Yes.**

Q. Other than -- and I may have asked you this for the first visit and the reason I ask you is obviously I just don't want any surprises later. Are there any conversations that you recall with the patient at all on your October 15, 2019 visit that we have not discussed?

**A. No, I don't believe so.**

Q. When you saw the patient on October 15, 2019, did you believe that the patient was gender dysphoric?

**A. Yes.**

Q. What did you base that determination upon?

**A. The patient had gone through a lot of psychological anguish regarding his -- I'm going to say his now again going back to his note. His perceived misidentity with respect to gender. He**

S. Chin, M.D.

had done a lot of research for gender reassignment.

He had mentioned how he had been binding himself and had satisfactory treatment for him. His history with Dr. Einhorn's letter of support was consistent temporally and in by content that the patient had gender dysphoria.

I realize again I don't make the diagnosis of gender dysphoria because I'm not a mental health professional. What I do during my visits are to corroborate and to see that it's consistent with what the mental health professional is saying and the history that the patient is providing.

Q. Are you aware sitting here today that Dr. Einhorn at no time diagnosed the patient with gender dysphoria?

MR. BUGLIOSI: I'm going to object to the form.

You can answer.

A. No, I was not aware of that. When I --

Q. You answered my question. Let me ask you the next question. Were you aware when you saw the patient on October 15, 2019 that Dr. Einhorn

had never diagnosed the patient with gender dysphoria?

**MR. BUGLIOSI: Same objection.**

**You can answer.**

**A. No.**

Q. Did you believe when you saw the patient on October 15, 2019 that Dr. Einhorn did diagnosis the patient with gender dysmorphia?

**A. I believe that Dr. Einhorn believed that the patient had gender dysphoria.**

Q. Don't you think that if Dr. Einhorn felt that if the patient had gender dysphoria that Dr. Einhorn would have written in his letter to you that the patient had gender dysphoria?

**MR. BUGLIOSI: Objection. He's not going to answer that. That's impossible to answer.**

**MR. DEUTSCH: He just told me that he thought --**

**MR. BUGLIOSI: He's not going to answer it.**

Q. Doctor, why is it that you thought that Dr. Einhorn diagnosed her with gender dysphoria if he did not include a diagnosis of gender dysphoria

in his letter to you?

**A. Because if you look at the body of his letter support, number one, describes that in November 2018 B. Rohan shared that she felt she was transgender and felt much more comfortable being identified as a male. Discussed Rohan's participation in (inaudible) and he struggled with being misgendered by both peers and staff. He began reporting anxiety and looked in the mirror and saw his breasts as he dressed.**

**And then goes on saying he diagnosed him with social phobia and body dysmorphic disorder and is ongoing body dysmorphia, but he's struggling with his body as presented has increased mood -- as he has not been able to consistently wear his binder due to rib pain and says he has worn oversized clothing in hope that no one notices.**

**Furthermore, he states how Rohan was concerned his female peer felt his breasts as she caught himself leaving, leaving him extremely anxious that she would out him. This is all consistent with gender dysphoria and the anguish and psychological that gender dysphoric**

patients have but not body dysmorphia which generally does not have to deal with sexual misidentity. That's what I generally see in these patients.

Given the above I am in support of Rohan undergoing top surgery as I believe it will help him present to others as he wishes to. That to myself is a sentence which drives home surgery for gender dysphoria rather than body dysmorphic disorder.

Q. So as I understand it, you as a plastic surgeon made a diagnosis of this patient based on this one letter from the mental health professional who had been treating this patient for years and never made that diagnosis, am I correct about that?

MR. BUGLIOSI: Object to the form. You can answer, if you can.

A. I believe that based upon this letter Dr. Einhorn described the patient with gender dysphoria and I corroborated that from my interactions with Rohan, Isabella at the time.

Q. So you think that when Dr. Einhorn wrote his diagnosis in a sentence that specifically says

S. Chin, M.D.

and I quote, "I have diagnosed him with" and then puts the actual DCM number in there F40.10 social phobia unspecified and F45.22 body dysmorphic disorder. You believe that Dr. Einhorn was wrong about those diagnoses?

**A. It's not for me to say whether he was wrong or not. He's the mental health professional, but I would say that the remainder, the entire body of the letter describes somebody with gender dysphoria. That is one sentence you are quoting to me and this happens at times with transcriptions. I know you find it funny, but I actually since I have to transcribe and --**

Q. Do you know if this letter was transcribed?

**MR. BUGLIOSI: Let him finish.**

**Stop interrupting him.**

**A. Because I dictate notes and, you know, I have to do that, I don't know if either at the time there was something that was omitted in that letter, or if Dr. Einhorn, you know, meant something differently, but to me the entire content of his letter minus that one sentence you just described is about gender dysphoria.**

S. Chin, M.D.

Q. So the doctor who was treating her wrote a letter -- first of all, do you know if this letter was transcribed or if he typed it himself?

**A. I don't know.**

Q. So we have a letter from a doctor who identifies in the letter what diagnosis that doctor made of the patient, true?

**A. True.**

Q. Neither of the diagnoses that are identified are gender dysphoria, true?

**MR. BUGLIOSI: Objection. We covered this. He's not doing it again. I'm instructing him not to answer. I need to take a break. Do you have anymore questions?**

**MR. DEUTSCH: I have plenty of questions.**

**MR. BUGLIOSI: All right. I need to take a five-minute break.**

**(A brief recess was taken from 3:35 p.m. to 3:47 p.m.)**

Q. Enlight of the fact, Doctor, that Dr. Einhorn's letter to you contained two diagnoses not including gender dysphoria and the

fact that based upon the substance of the letter, as you told us, you felt that the patient did have gender dysphoria. Did you feel that a phone call to Dr. Einhorn to sort of fix that discrepancy was warranted?

**A. I did not think that was necessary in this case, no.**

Q. Why not?

**A. Because 99 percent of this letter of support deals with gender dysphoria. If you read that last paragraph again, given the above, I am in support of Rohan undergoing top surgery as I believe it will help him present to others as he wishes to. Somebody with a diagnosis of body dysmorphic disorder would not be appropriate to undergo top surgery.**

**The whole substance of this letter is of someone who believes that the patient has gender dysphoria and is recommending surgery. Now, whether that happened on November 2018 when Rohan first disclosed that according to Dr. Einhorn or whether it happened later on and that sentence and that diagnosis was omitted, I felt confident with the substance of the**

letter, the conversations that I had with the patient that the patient had gender dysphoria and I'm not saying I diagnosed it. I'm saying I corroborated it.

Q. Well, did you diagnose it?

A. No. I'm not a mental health professional. I corroborated it.

Q. Did Dr. Einhorn's letter diagnose gender dysphoria?

MR. BUGLIOSI: Objection to the form.

You can answer.

A. I believe 99 percent of the substance of the letter did diagnose gender dysphoria, even though it's not explicitly stated over here I believe it did. Sorry, go ahead.

Q. When you write your notes, is it generally your custom and practice that you write your history, you write your findings from examination and then you take the history, as well as your findings from examination or any other tests you may do and based on the history, your examination and findings from any other tests that based on all that information you formulate a

diagnosis; is that the way it works?

**A. Generally speaking, yes.**

Q. And in Dr. Einhorn's letter to you Dr. Einhorn indicated that he had a history from the patient, correct?

**A. Correct.**

Q. He documents his examinations and treatment of the patient over the time that he had been treating the patient, correct?

**A. Correct.**

Q. And then based upon the history and his documentation of an examination and treatment of the patient he identifies what his diagnosis is, correct?

**A. I don't know what the context of what that was because that diagnosis carried in the middle -- to start the second paragraph. He then expounds on gender dysphoria for the remainder of that paragraph and then ends with recommending or supporting, pardon me, top surgery. This whole letter is that of a mental health professional who supports top surgery due to gender dysphoria and I'm not the only one who thinks that, the insurance company thought that as well.**

S. Chin, M.D.

Q. We will get back to that in a second.

You felt that Dr. Einhorn's discussion in his letter did not match up to the items that he wrote down as his diagnosis; is that fair?

**A. Yes, that's correct.**

Q. And in that situation where you have a discussion that you don't believe matches up with a diagnosis, you don't feel it appropriate to contact that provider to figure out why that is?

**A. No, not in this case. I felt as if 99 percent of the letter was based on gender dysphoria, respected psychologist from a group that I know, the patient was consistently and actively spoke about gender dysphoria consistently, so I felt confident that the patient met the criteria for gender dysphoria for the surgery otherwise I wouldn't have done it.**

Q. If he was a respected psychiatrist --

**A. Psychologist.**

Q. Excuse me, psychologist, in a practice you know, then wouldn't you accept the diagnosis as given to you as opposed to putting your own spin on it?

**MR. BUGLIOSI: Object to the form.**

S. Chin, M.D.

**Rephrase. He's not answering that.**

Q. If it was a respected psychologist from a practice that you knew, wouldn't you accept the diagnosis that that person gave you?

**A. Not if it's inconsistent with the remainder of 99 percent of the body of the letter here. Again, whether there was an omission or a transcription error, I don't know, I don't know, but this letter is a letter of support for a patient with gender dysphoria undergoing top surgery.**

Q. So you took the information from these two paragraphs and substituted your judgment as to a diagnosis for Dr. Einhorn, the mental health professional who had been treating this patient for many years; is that fair?

**A. No, it's not fair. First of all, there's three paragraphs, not two. I'm just correcting you, pardon the interruption. Again, I'm not the mental health professional and as I was saying before and you can question this to me for the next five hours if you want, understand I am going to maintain, just to save sometime here, I believe Dr. Einhorn believes that the patient had gender**

**dysphoria. I'm not trying to substitute. I'm not going to interpret. I'm not trying to do whatever. This is how it reads to me.**

Q. Do you know if there is any other doctor at any point in time prior to you seeing the patient in October of 2019 other than yourself who made a diagnosis of gender dysphoria?

**A. I do not know.**

Q. Other than making a phone call to Dr. Einhorn, Dr. Einhorn left you an e-mail address in his letter at all, did you ever correspond at any point in time with Dr. Einhorn via e-mail?

**A. No.**

Q. Dr. Einhorn puts in his letter that you should feel free to contact him with any questions or concerns. Did you have any questions are respect to your treatment of Ms. Varian or Ms. Beisel?

**A. My treatment or his treatment?**

Q. His treatment, excuse me. Did you have any questions about his treatment?

**A. No, I did not have any questions.**

Q. Did you have any concerns?

**A. Regarding gender dysphoria, no.**

Q. Did you have any discussions with the patient about the diagnosis of gender dysphoria?

**A. You know, I discussed gender reassignment surgery and his anguish so, yes, I did.**

Q. Did you ever ask the patient specifically if she ever had a diagnosis of gender dysphoria?

**A. I mean, I don't really recollect. I probably didn't use those exact words because rather than relying upon medical lingo I try to for patients, you know, talk about this in a way that frame questions in a way that makes sense that points to the content and the definition of something rather than the term. So a doctor is having a conversation with you, rather than start using Latin for anatomy and body parts I try to bring it into sort of plain English, if you will, and talk about the nuts and bolts and the meat of the substance so that's generally how I interact with the patients.**

Q. But this is a patient that you told us before was already well versed in the subject and had done her research, correct?

**A. In top surgery, yes.**

S. Chin, M.D.

Q. Do you think that this is a minor who had done her research about the definitions of what gender dysphoria is versus body dysmorphia?

**A. I really don't know how to answer that because --**

Q. Then you don't have to answer it.

**MR. BUGLIOSI: Let him finish. If you cut him off one more time I am done. Let him finish every answer.**

**Go ahead, finish your answer.**

**A. Thank you for graciously letting me finish that. You know, I don't know what terms Dr. Einhorn used if he actually said gender dysphoria or described sort of the content. I suspect he did more of the latter because, you know, he goes into sort of plain English with the discussions and specific examples. So whether he used those terms with Isabella or not, I don't know, but I know for myself rather than using medical terms and diagnoses and Latin and sort of med speak, if you will, I try to just bring that into plain common English, and that's why even in my note over here, if you look at my first note, I don't mention gender dysphoria as a term. I talk**

about gender reassignment, talk about the anguish, talk about the things that people go through. I don't rest my decision on two words or one word. I rest it upon conversations, the meat of the discussion and sort of the content, if that makes sense.

Q. Doctor, there are diagnoses and these two words, there's a reason for them, correct?

A. Yes.

Q. What's the reason for there to be specific diagnoses for different medical issues?

MR. BUGLIOSI: Don't comment on the psychiatric diagnosis. You can comment on your own diagnosis.

MR. DEUTSCH: He's had no problem commenting on the psychiatric the whole day, John.

MR. BUGLIOSI: I know, but you keep going over the same stuff. You have what you need. It is what it is. Move on. I'm done listening to it. If you have new material, go ahead.

MR. DEUTSCH: I like running through the same material again. It's

good.

MR. BUGLIOSI: Find something new to ask.

MR. DEUTSCH: It's a different question, John.

MR. BUGLIOSI: I don't think so. I'm pretty sure it's the same stuff.

MR. DEUTSCH: I don't think it's the same. I know you don't want the hole to get deeper but...

MR. BUGLIOSI: There is no hole here. You need a plastic surgeon in this case. All right? You are not getting anywhere near trial in this case, but go ahead. If you have more questions, go ahead.

THE WITNESS: I was going to joke about the whole --

MR. BUGLIOSI: Stop.

MR. DEUTSCH: Neil, you are muted.

MR. BUGLIOSI: You have no idea what these terms mean is it what it looks like to me, but go ahead, but just try not to be repetitive.

S. Chin, M.D.

A. You are asking what the purpose of these definitions are, correct?

Q. Yes.

A. Is that your question, Counselor?

Q. That was my question.

MR. BUGLIOSI: You really believe that, don't you?

A. I think the diagnoses -- there are many different reasons for having these. You know, one is med speak, as we said. So when medical professionals speak to other medical professionals it's a way to sort of shortcut that bridge and say, okay, boom, there's this term, this is what it means.

I think also that it helps to save time and tries to produce clarity with respect to the situations so as long as it doesn't have to be overly repetitive. It's different things for different people but -- so there's not a simple answer I can give you for that, but in general it's there to describe the condition.

MR. KORNFELD: I need two minutes.

(A brief recess was taken from 4:01 p.m. to 4:05 p.m.)

S. Chin, M.D.

**(The requested portion of the record was read by the reporter.)**

Q. Let's go back to the October 15, 2019 visit for a second.

**A. Okay.**

Q. It says he started about this for three to four years and has guarded this through. I'm assuming that's a transcription error, correct?

**A. That's correct.**

Q. Do you know what it should say instead?

**A. He started thinking about this for three to four years and has thought this through.**

Q. And it says has the support of his parents. Do you know if that was one parent or both parents?

**A. I don't know if it was one or both.**

Q. Then skipping down a sentence it says that he has done already or already done his research. What research is that referring to, if you know?

**A. Well, I suspect the short scar breast reduction surgery, so that would be the technique of top surgery.**

Q. You did a physical examination, correct?

S. Chin, M.D.

**A. Correct.**

Q. What significance, if any, was the fact that you noted some significant amount of skin around the breast?

**A. That would be a consideration as far as wanting to do one type of surgery versus another. For example, if one did liposuction to simply remove the breast tissue than there is a chance, more of a chance, right, that there would be more skin to tighten rather than if you were doing excision of skin. So that was my point.**

Q. You talk about obviously two different techniques, a one-stage versus a two-stage procedure, right?

**A. Yes.**

Q. Can you tell me what the difference are between the two? What is a one-stage procedure, what is a two-stage procedure?

**A. Sure. I mean, one stage -- you are saying in this context or in general?**

Q. In this context.

**A. So we discussed here sort of the two-stage being doing the liposuction and removing the breast tissue and then seeing how she -- I go**

back to she because the present -- seeing how she would deal with the skin tightening that's harvested that is oftentimes in young people they can shrink the skin and not require a skin excision and the big benefit of that technique would be less scarring because I could do the liposuction through a small incision, for example, as far as the chest. That's a significant advantage of sort of, you know, going through that, but it increases the chance of having to go back and removing excess skin whereas in the purported one-stage technique, you can go in, address the breast tissue directly and also excess skin at that time.

Q. Are there different risks and benefits for a one-stage versus a two-stage?

A. As far as the benefits we just discussed that, right, as far as having one operation versus potentially two operations.

As far as the risk goes, there is -- I mean, the scarring would be the big one, right, because with the liposuction technique, you're just (inaudible) a 3 or 4-millimeter scar on the axilla and with the one-stage technique is

we remove the skin and fix the scars on the chest.

The other one is nipple -- I think at the start of our deposition I discussed sort of how breast surgery is nipple centric and so it is important -- the most important thing that plastic surgeons think about with breast surgery is keeping the nipple alive and a lot of the other things you can sort of pivot and try to correct, but to try to create a new natural looking nipple is difficult.

Q. What significance, if any, did the fact that you identified a fair fibrous breast tissue?

A. Right. So often behind nipple there's glandular tissue, which is fairly firm and that makes it less amenable to liposuction, which we mentioned liposuction if you want to do, so sometimes you are sort of going back and forth after you've tried to wrap the tissue of it and it doesn't come out via liposuction. So that would be one reason to consider doing more of an excision rather than a liposuction.

Q. Let's jump forward to the next visit from November 4th.

S. Chin, M.D.

**A. Okay.**

Q. It talks about you said I think as far as skin growth there's a good chance it may not need further skin excision, but he understands there is no guarantee of this. What does that mean?

**A. Right. So if he wants to pursue a second stage -- a two-stage operation, that is doing the liposuction and then, you know, seeing what happens to the skin, I'm saying that there is a good chance that he may not need further excision is what I am saying.**

Q. Meaning that the liposuction can be accomplished and then the skin will kind of go back --

**A. Right, right.**

Q. -- without the need for --

**A. That's what I am saying.**

Q. The next line says also will likely require reduction since he has 40 millimeters which goes down to 27 to 30. What does that mean?

**A. I'm referring to his nipple-areolar complex. If you look at my history and at his examination, his NAC, which is abbreviation for nipple-areolar complex, it's about 40 millimeters**

**across. So generally women have larger NACs than men and so to achieve a male looking chest with sort of a smaller NAC, you know, you have to reduce the size of nipple and that does necessitate that scar on the chest so that's another thing to consider.**

Q. So hers at this time was 40 millimeters and you were going to reduce it down to 27 to 30?

**A. If we went through with the --**

Q. The one-stage?

**A. Right.**

Q. Now, looking at the letter that you received from Dr. Einhorn --

**MR. BUGLIOSI: Do you have that?**

**THE WITNESS: I've got it, yeah.**

Q. Now, I don't know if your copy is the same as mine, but mine has it looks handwritten that says scan on the upper left-hand corner. Does yours say that as well?

**A. It does.**

Q. And it says electronically signed and it says your name and October 25, 2019. Do you see that?

**A. Correct.**

S. Chin, M.D.

Q. Explain to me what that means, you know, what your understanding is in terms of why there would be an electronic signature for you on an item that got scanned in?

**A. When I say scanned, it probably means it wasn't scanned at that time, you know, that I'm directing it to be scanned, but when these things go in I've got to sign off on it at some point, you know, so what that means to me is that this letter was scanned and was printed to my work sort of like profile and then on October 25th when I was signing notes and signing scanned material I signed that. So it means that this was scanned sometime before October 25th.**

Q. Is that handwriting on the upper left is that your handwriting?

**A. That's my handwriting.**

Q. So that was you directing someone in your office to get it into the electronic medical record?

**A. Right, right.**

Q. At any point in time -- and I think I may have asked you this and I apologize, but you never spoke to Dr. Einhorn about this patient, correct?

S. Chin, M.D.

**A. No, I haven't.**

Q. Your next -- the next time you saw her was on November -- let me go back to this visit of November 4th.

**A. November 4th, right?**

Q. November 4th. In the very first line of the history of present illness it says the patient is approved to gender reassignment surgery. Who are you referring to as the person who did the approval?

**A. The insurance company.**

Q. Did she require preapproval?

**A. Yes.**

Q. Did you have to submit any documentation to the insurance company in order to obtain the preapproval?

**A. Yes.**

Q. Would that be information that would be contained within her electronic medical record from CareMount?

**A. I believe so.**

**MR. DEUTSCH: The copy that I have, which I believe was provided by you, John, at your office, does your copy**

start with this, is this yours, John?

MR. BUGLIOSI: I have no idea. Mine is in a different order. I put it in chronological order.

MR. DEUTSCH: Right, but my question is, is the copy that was provided by you the one that's 70 pages that starts with --

MR. BUGLIOSI: I didn't provide it to you. I don't know why you keep saying that.

MR. DEUTSCH: Your office did.

MR. BUGLIOSI: Okay, then that's the chart. I don't know what --

MR. DEUTSCH: We will do it the hard way, John. It's okay.

Q. The copy of the chart you have in front of you --

MR. BUGLIOSI: As opposed to what we have been doing we are going to do this the hard way, seriously? I find it hilarious. Go ahead.

MR. DEUTSCH: I'm glad I can make you laugh. That's why I do the same

S. Chin, M.D.

**material over because it works.**

Q. The copy of the chart that you have, Doctor, does it have whatever it was that you submitted to the insurance company for approval of the surgery?

**A. I don't know. I don't have that -- I'm not sure what contents you have over there. I assume it's a xerox from CareMount, correct?**

Q. Whatever it is you have in front of you today, whatever that is, does that include whatever it is that you submitted to the insurance company?

**A. I don't have that whole chart there in front of me that you have over there.**

Q. Well, you don't know what I have so I am just asking you what you have.

**A. I have my notes, I have my notes and Dr. Einhorn's letter.**

Q. So the information that you have in front of you on the desk today does not include the information that you submitted to the insurance company, correct?

**A. Correct.**

**MR. BUGLIOSI: Remember that**

scribble in the Northern Westchester chart, is that what you are talking about?

THE WITNESS: I think that includes Northern Westchester all the codes and billing information.

MR. BUGLIOSI: I saw some of that in the Northern Westchester chart about billing codes. That's why I was asking.

Q. Let me ask you this, Doctor, what information would you submit to the insurance company and what form does that information take?

A. Typically that's copies of relevant chart notes.

MR. DEUTSCH: I will just call for production to the extent that it hasn't been provided, John.

MR. BUGLIOSI: Yeah, the chart notes have been provided. He hasn't said anything else. If there's anything else, I'll give it to you, but the chart notes you have.

MR. KORNFELD: Who is the insured

in the case? What's the insurance company?

MR. BUGLIOSI: I think it's HealthPlus maybe. Is that Medicaid?

MR. DEUTSCH: I think it's HealthPlus.

MR. BUGLIOSI: I'm not sure. I never heard of that.

MR. KORNFELD: You are both talking at the same time. Who is the insurance provider?

MR. DEUTSCH: BlueCross, BlueCross HealthPlus.

MR. BUGLIOSI: The court reporter, she can tell us if she has an issue.

Q. Other than providing actual copies of the notes, were you required to write any written statement or anything else to the insurance company to get approval for this?

A. No.

Q. Because you wrote that she was approved on the second visit that you saw her, that leads me to believe that you sought approval for the surgery after just one visit, correct?

S. Chin, M.D.

**A. Yes.**

Q. So you were getting the ball rolling even though you had only had one visit with her, correct, without her parents present?

**MR. BUGLIOSI: Objection. Your client testified that her mother was there at that visit. Just incorporate that into your question if you are going to do that again. Thank you.**

**You can answer, Doctor. Go ahead.**

**A. It's just a preapproval step. It commits nobody to nothing, you know, so that if we want to add, you know, with the surgery after the second visit the approval is there, but it doesn't commit you.**

Q. The surgery was on December 16th?

**A. Yes, December 16, 2019.**

Q. Other than October 15th, November 4th, did you see my client at any point in time prior to the day of the surgery?

**A. I don't believe so.**

Q. Did I say December 16th?

**A. Yeah, you said December 16th.**

Q. And that was the date of the surgery,

correct?

**A. Correct.**

Q. Would the consent have to be signed prior to the surgery?

**A. Yes.**

Q. So if a consent was signed three days after the surgery, that would --

**MR. BUGLIOSI: Objection. You know it wasn't signed three days later. He's not answering that. If you have another question, go ahead.**

**MR. DEUTSCH: Why do I know that?**

**MR. BUGLIOSI: I'm not listening to this anymore. You know it --**

**MR. DEUTSCH: I'm happy to share --**

**MR. BUGLIOSI: If you want to ask him that it was signed three days later ask him that, but I'm not going to assume that's true when you know it wasn't true and your client even testified that that condition was there that you claim he said he never diagnosed. I've had it. You are mischaracterizing much of this case and**

S. Chin, M.D.

I am not going to allow it.

MR. DEUTSCH: I don't know what your problem is today, John, but we can talk about it later. We don't have to talk about it --

MR. BUGLIOSI: This is not my problem. I'm used to a certain style of depositions, especially from your office that's all and this is not that. I will do whatever I need to do, but I'm not going to allow him to answer questions that you know to be false. That's ridiculous.

Q. Let me ask you a question, Doctor.

A. Sure.

Q. If a surgery is December 16, 2019 and a patient or their mother signs a consent on December 19th of 2019, would you agree with me that just those dates alone would be an indication that the patient or the patient's representative signed the consent three days after the surgery, yes or no?

A. No, no.

MR. BUGLIOSI: No, no.

S. Chin, M.D.

Q. It wouldn't? Okay.

MR. BUGLIOSI: Do you hear yourself? Do you believe that seriously?

MR. DEUTSCH: I am just asking questions.

MR. BUGLIOSI: Isn't good faith a requirement in this deposition setting at some point?

MR. DEUTSCH: I have a record, John, that says that the consent was signed on December 19th. Why should I believe otherwise?

MR. BUGLIOSI: Is that what your clients told you, the consent was not signed?

MR. DEUTSCH: I am just telling you that I have a record that says -- I have it right here. If you want me to show it to you, I can. You probably have it.

MR. BUGLIOSI: I've seen it. I know it's misdated. So why don't you --

S. Chin, M.D.

MR. DEUTSCH: How do you know that? How do you know that? John --

MR. BUGLIOSI: I don't know --

MR. DEUTSCH: Tell me how you know it. I want to know. How do you know it?

MR. BUGLIOSI: I'm glad this isn't in person.

MR. DEUTSCH: How do you know it?

MR. BUGLIOSI: If you are going to pretend to be that stupid, that's up to you, but if you have more questions, feel free to ask.

MR. DEUTSCH: First of all, you are now being offensive, which is really unlike you because you are generally a nice guy but today you are being a prick.

MR. BUGLIOSI: Every time I --

MR. DEUTSCH: If it was in person, John, what would you have done?

MR. BUGLIOSI: I go back 25 years with your partner and I have never raised my voice at him --

S. Chin, M.D.

MR. DEUTSCH: What would you have done if it was in person? I am interested to know.

MS. REPORTER: Guys, you know this is impossible, right? You know this is impossible.

MR. BUGLIOSI: Yeah --

MR. DEUTSCH: What would you have done? Tell me. The fact is, John, is that your client was out of this case until this deposition and now he's in the case and now you are upset.

MR. BUGLIOSI: He's never been in the case and he won't be and you know that.

MR. DEUTSCH: You prepared him for Duane and not for me. Maybe that was your mistake.

MR. BUGLIOSI: You are better than Duane in your brain, aren't you? Duane happens to be a --

MR. DEUTSCH: No one said that. No one said that. You just clearly prepared him for someone else.

S. Chin, M.D.

**MR. BUGLIOSI: -- clearly --**

**THE WITNESS: Sir --**

**MR. DEUTSCH: Doctor, no need.**

**Let's keep going.**

Q. Would you agree that the consent form is signed by the patient's mother and is dated December 19, 2019, would you agree that's the date it's dated?

**A. I don't have it in front of me, but I believe you are correct.**

Q. Would you like me to show it to you?

**A. Actually John is obliging here -- trying to find it. Yes, she signed 12/19/19, yes.**

Q. So one of two things is possible.

**A. Okay.**

Q. Either she misdated it, right, that's one possibility?

**A. That's one possibility.**

Q. And could there be a possibility that it was signed on the 19th?

**A. No, no.**

Q. And you are saying that because they would never let you into the surgery --

**A. No, and I will tell you why.**

S. Chin, M.D.

Q. Is it because they wouldn't let you into the operating room without it, is that why?

**MR. BUGLIOSI: No. Wait. He's finishing his answer, please.**

**A. So there's multi steps to this. One, I would not have been allowed into the operating room without a signed signature on that date prior to surgery. Two, when we do the timeout check, which is done with all the professionals in the room, we go through safety operation look and confirm that the signature is there. If that doesn't happen, the surgery doesn't happen. I'm 100 percent certain she signed this prior to the surgery.**

Q. Fair enough.

**A. I would swear this on my kids' lives.**

Q. No. There's no need for you to do that. I take your word for it.

**A. Thank you, sir.**

Q. Did you have any additional conversations with the patient or their mother on the day of surgery?

**A. Yes.**

Q. Are they documented anywhere?

**A. Yes.**

Q. Where?

**A. In the operative note, first paragraph.**

Q. The first sentence of your operative note says the patient presents with the above condition. What above condition are you referring to?

**A. She wishes for gender reassignment.**

Q. And then you discuss again the risks and benefits including and then you list a number of general risks and benefits for this type of surgery, correct?

**A. Things that are specific to this type of surgery. Asymmetry, nipple numbness, nipple necrosis, need for further surgery, there's also understanding that there'd be some tissue left behind, behind the nipple to vascularize this and that she would likely have some numbness on the nipples, she voiced saying that we proceed.**

Q. And when I meant this procedure, I meant those are the risks and benefits of any bilateral short scar breast reduction, correct, whether it's for gender reassignment or not, correct?

**A. No, it's actually different. As far as,**

you know, leaving tissue behind I think there's some distinction over there. With a breast reduction surgery you have to leave breast tissue surgery behind because it's not a top surgery percent.

So this is important to discuss here because in a top surgery operation, the scarring is a paramount concern because, you know, as a male because it's generally done for a female transition to a male you bare your chest whereas with a breast reduction surgery or breast surgery, the females are not generally doing that, right, so the importance of the scar becomes more paramount over here, as well as the tissue being left behind because when I do gender reassignment surgery or gynecomastia surgery, for example, where young men want to shrink the sizes of their chest and so on, I make it very clear that some tissue will be left behind because we have to keep the nipple and skin alive. So that essentially is important. Sorry to belabor that point.

Q. No, no. I get it.

Other than what is contained in this one

S. Chin, M.D.

paragraph of your operative report, do you have an independent recollection of any additional conversations that you had with her mother, her father or anybody else on the day in the hospital?

**A. No. Just the need for further surgery. That's a possibility.**

Q. Did you have any further discussions with them about the psychological aspects about why they wanted to have the surgery or anything like that on the day of the surgery?

**A. On the day of surgery, which is the day of surgery, patient and mother and family should be 100 percent ready to go forward. So they were 100 percent ready to go forward. So we didn't discuss the psychological impact because they were ready to go forward. On that day we discussed sort of the technical aspects as I outlined there.**

Q. So the answer to my question is you did not have any further questions about the psychological aspects of it because as far as you were concerned on this day they had already been 100 percent decided on going forward, correct?

**A. That's right. She signed consent at that point.**

S. Chin, M.D.

Q. Does this surgery have any effect on a woman's future ability to breastfeed at all?

**A. Yes, it may.**

Q. Did you discuss that with the patient or her mother?

**A. I believe I have. I know it's not documented in my notes, but I believe I have.**

Q. But it's not documented anywhere in your note, correct?

**A. That's correct. That's correct.**

Q. Prior to the surgery, did you ever discuss with the patient at all what would go into -- you had mentioned before the possibility of reversing a top surgery. Did you have any discussions with the patient prior to the surgery about what that entails?

**A. As far as specifics, I don't believe I went into a lot of detail about that, but discussed that there are ways to reverse the surgery, yes.**

Q. At any point after the procedure did you ever speak to Dr. Einhorn?

**A. No.**

Q. When was the first postoperative visit

when you saw the patient?

**A. I believe it was December 20th. Let me just doublecheck here. Yes, I saw the patient December 20th.**

Q. And how was she doing generally from your perspective on that day?

**A. As expected, doing well.**

Q. Do you recall any conversations about how she was doing emotionally at that point in time?

**A. She felt as if she was doing fine. I didn't note any, you know, really emotional sort of anguish at that time or anything. I believe she was doing fine.**

Q. Other than what's contained in this note of December 20, 2019, do you have any additional conversations, recollection of any additional conversations you may have had with her on this visit that are not documented?

**A. No, I don't.**

Q. Do you know if her mother was present on this date?

**A. I do not, but I suspect she would be because it's the first postoperative appointment. She's got drains in, somebody would have had to**

**take her there, so I suspect she was there.**

Q. The next follow-up visit it looks like was January 28, 2020?

**A. January 9th. Did you say January 28th?**

Q. Sorry, December 20th and then January 9th, correct.

**A. Right.**

Q. Again, on January 9th, how did you feel she was doing?

**A. Well, nothing unexpected. Talked about using silicone for scar tissue.**

Q. The silicone was for scar tissue?

**A. For scar tissue.**

Q. Do you know if her mother was there that day?

**A. Unless I specifically state it in my notes, I don't know specifically, but I want to say yes because she was 16 at the time and somebody had to drive her, you know, back and forth.**

Q. Other than what's contained in your notes, do you have any independent recollection of any additional conversations you had with either her or her mother on January?

**A. No.**

Q. Next visit was January 28, 2020, correct?

**A. Yes.**

Q. And at this point she had some questions to you about scarring; is that right?

**A. Yes.**

Q. Do you remember specifically what those questions were?

**A. It had to do with a widening of the scar, the vertical scar and some redness there.**

Q. And did you examine her on that day?

**A. I did.**

Q. And did you identify what she was referring to?

**A. Yes. The interior portion of the scar has a little bit of widening and there's erythema there but no signs of infection.**

Q. How did you feel generally she was doing at this point in time?

**A. As expected.**

Q. Same question with respect to this visit, did you have any recollection of any conversations with either her or her mother on this day that are not documented?

S. Chin, M.D.

**A. I believe we talked about other modalities of trying to improve scarring, you know, such as vitamin E and taking that sort of thing, but generally she had no infection or keloid at that point, so I recommended being consistent with the silicone.**

Q. And her next visit was 2/13/20; is that right?

**A. Right.**

Q. And that appears that it was maybe an unscheduled visit?

**A. Yes. There was some redness there and a small suture abscess. When we sewed the patient up, they are dissolvable sutures and sometimes they go to the surface and that's what that was there.**

Q. And because of that, you had them avoid the silicone. Why is that?

**A. Just over that spot because if there's a suture abscess that side is open a little bit you don't want to put tape and silicone and cover up an open wound over there, so that has to heal first before doing that. We also discussed cortisone injection at that visit and that's**

**typically done and that's to eliminate scars as far as the erythema, the redness, you know, and to help them more out, but he didn't want to at that point.**

Q. The next visit was on 6/30/2020; is that right?

**A. That's right.**

Q. And you wrote here overall he's really happy but has a little bit of excess tissue on the left lower breast on the right side, the nipple was a little low in position and there are scars wide in the inferior vertical portion as well.

**A. Right.**

Q. Tell me what that means.

**A. So on the left side there was a little bit of tissue that was still there that he was concerned about. On the right side the nipple position was a little lower. So, you know, when you have breasts -- and we like to say in plastic surgery that no two breasts are twins, they are sisters, right. So when you shrink them down I am sure one side was larger -- actually, I'm sure of that because weigh that in the pathology diagnosis and so when the skin is sort of retailored and**

S. Chin, M.D.

**shrinks down the nipple position may be slightly different from one side versus the other. So I think that's, you know, the case over here, you know, the right side is a little bit lower. On the bottom portion, I think I mentioned that before, there's a little bit of widening, the scar was a little wider, a millimeter or so. So those were the concerns that we discussed on that visit.**

Q. And you did identify that the mother was present, correct?

**A. Yes, yes, but overall, you know, he seemed really happy.**

Q. It says in your examination that was there a fairly wide scar on the right lower incision and then it goes on to say there's also a little skin redundancy in the right upper portion of the nipple areola incision. What does that mean?

**A. That means that the skin up there on the top of the nipple that it wasn't completely tightened up yet.**

Q. And was this the first visit that you discussed the option of maybe additional surgery for a revision of the scar as well as the

liposuction?

**A. Yeah. As far as formally introducing that. You know, as you know, at nauseam before the surgery we discussed the possibility of having to do more surgery, revisions and so forth and all, but you know, I want to give it sometime. In general, in plastic surgery we try to give it about a year, you know, as far as healing time to see what the results are because there's always swelling and scarring that's got to be sort of optimized with a tincture of time is what we say.**

**So at this point she was about six months out and we said, well, we are going to wait. We are going to see how this goes. We are going to follow up, I probably said in a few months or something like that and then we are to revisit this, and I just want you to know if this persists in being a problem or something that bothers you, we can revisit this and do a touchup or a revision.**

Q. What is a smart liposuction as opposed to a dumb liposuction?

**A. That's good. The biggest thing is the name because it's catchy and people catch onto it,**

**but smart liposuction is using a laser to sort of go in and melt the fat and tighten the skin.**

Q. And she did, in fact, come back after the summer in September 15, 2020?

**A. That's right.**

Q. And she had some concerns on the right super areola area. What concerns do you recall her having?

**A. The excess skin that the skin hadn't tightened up all the way. Also the left side, as I mentioned before, had a little bit of additional tissue there, some breast tissue that she was interested in correcting. So we said, well, look, overall you are doing pretty well. You are nine months out here. If we can, you know, start the ball rolling on seeing about approval, you know, for surgery down the road, you know, in about a year's time we can start that and see. In the meantime, you know, you have three more months. Maybe there will be more correction or maybe she will look at this or, you know, at that point and say, well, I'm satisfied and I'm happy with how things are. You know, these are minor issues. Again, it's good to introduce sometime there to be**

S. Chin, M.D.

**cautious and conservative and see what can be done without having to do additional surgery.**

Q. You write in your impression that she's doing fairly well and has a pretty good result after breast reduction.

**A. Right.**

Q. What was it about your evaluation of her felt that she was doing only fairly well and not great and that she had a pretty good result as opposed to a great result?

**MR. BUGLIOSI: Object to the form. You can answer.**

**A. You know, because he pointed out some concerns there, you know, with regard to excess skin and the tissue. You know, again, no complaints, you know, it's like, you know, completely happy and I have a completely great result. So I would say, again, that was consistent with what I saw, you know, during the postoperative appointments where he was overall happy, you know, but was wondering about a few things.**

Q. My understanding is that's the last time you saw him, correct?

**A. That's correct.**

Q. And do you know, did you have any further conversations with either him or his mother at that time about, you know, why they didn't come back or anything that happened after that?

**A. No, I don't recall any conversations afterwards.**

Q. Did you ever, you know, follow up or contact them to see why they did not return?

**A. I don't believe so. I mean, oftentimes, you know, we say in plastic surgery, you know, that patients don't come back again when they are happy or they're satisfied, but they've come to terms, you know, with the certain surgery they had. That's why a lot of times the postoperative visits and things like that if patients are doing well and they are busy and they are taking care of other things, you know, but obviously here something else happened, something transpired. They either lost their trust in me or they decided to get a second opinion and then went elsewhere.**

Q. Did you have any conversations with Dr. Chandler?

**A. Chandler? That name isn't familiar. I**

am not sure why. Can you refresh me who --

Q. Laurel Chandler. That's the plastic surgeon she saw after.

A. Oh, no, no. She saw a plastic surgeon in the area, right? No, we didn't have any conversations.

Q. Are there any conversations with the mother or with him or her, the patient, that we have not discussed about that you are --

A. Aware of?

Q. That you haven't told us about today?

A. Not that I recall. I mean, this was five years ago so no.

MR. DEUTSCH: Give me one second.

Neil, do you have some questions?

MR. KORNFELD: We can take a few minutes, but I have a couple minutes of questions.

MR. DEUTSCH: So why don't we take a couple of minutes? You can ask some questions and I will check my notes to see if I have anymore questions and hopefully we will finish.

MR. KORNFELD: Give me two, three

minutes.

MR. DEUTSCH: All right.

(A brief recess was taken from 4:43 p.m. to 4:48 p.m.)

EXAMINATION BY

MR. KORNFELD:

Q. Good afternoon, Dr. Chin. My name is Neil Kornfeld. I represent Dr. Einhorn. How are you?

A. I'm great. How are you doing?

Q. I am doing well. I just have a few questions to ask you. I just want to follow up on a few answers that you gave earlier today.

A. Sure.

Q. I believe that you testified that in October of 2019 at the first visit you independently corroborated that the patient had gender dysphoria; is that correct?

A. That's correct.

Q. And you did that in part by your questioning of the patient and her mother?

A. That's correct.

Q. And it was important for you as a professional to corroborate that the patient had

S. Chin, M.D.

gender dysphoria because I think you testified you would not have performed surgery if you felt otherwise?

**A. That's right.**

Q. And you have it sounds like considerable professional experience and even some personal experience that you talked about with patients who have gender dysphoria; is that right?

**A. That's right.**

Q. Can you approximate up to this time period in 2019 how many top surgeries you performed on patients who wanted to transition?

**A. Oh, I mean, approximately five to ten per year. That was 2019, I started practicing in 2008, 11 years, so about 10 times, so probably 50 to 100.**

Q. So fair to say because of your extensive experience you had a good understanding of gender dysphoria?

**A. Well, I like to believe so, but I'm not the mental health professional.**

Q. When you spoke to the patient about the risks of surgery, am I correct that one of the things you discussed with the patient and his or

her mother, depending on what pronoun we are agreeing on today, that one of the options for the patient was not to have surgery?

**A. Yes, sir.**

Q. You mentioned earlier that the indications for surgery is collaborative whether or not surgery is indicated and you said it's between the patient, the surgeon and the mental healthcare provider. Do you recall that testimony?

**A. Yes. In this specific case, it doesn't always involve a mental health provider, as you know.**

Q. Does it also involve the parent?

**A. Yes, it does.**

Q. So was it your opinion that surgery was indicated prior to performing surgery?

**A. If surgery was indicated, yes, yes.**

Q. There were a lot of questions about that letter that Dr. Einhorn wrote. You recall those questions?

**A. Not all of them.**

Q. Can we agree that the letter does not document the diagnosis of gender dysphoria?

**A. We agreed.**

Q. It doesn't have those words in it?

**A. We are agreed.**

Q. Am I correct that you did not rely on that letter in corroborating that the patient had gender dysphoria?

**A. No, you are not correct.**

Q. So that was in addition to the letter it was also your interview of the patient and her mother that helped you corroborate that this patient had gender dysphoria?

**A. Right, but my interpretation from the letter was that he had diagnosed her with gender dysphoria, especially given the content about the 99 percent of the content of gender dysphoria and the final sentence basically he was in support of undergoing top surgery. One doesn't recommend that, as I said before, for body dysmorphic disorder.**

Q. In your professional opinion the patient met the criteria for gender dysphoria, correct?

**A. Yes, sir. Again, I would just --**

Q. Excuse me, I haven't asked a question. Let me get to my next question.

**A. Oh, sure, sure.**

Q. Thank you.

When you were asked who ultimately decides who is a candidate for surgery I think your answer was it falls with the patient. What do you mean by that?

**A. The patient has to sign on the dotted line or not or in this case, the parent. So I feel as if surgery wants is very different now than 30 years ago or so where patients went to the doctor and the doctor said you need to do this surgery or you need to do this. Nowadays we present the information to the patient and the patient elects whether he or she is going to have the surgery by the consent form. The patients have -- sorry, go ahead.**

Q. At the time you performed the surgery back in 2019, am I correct that you were familiar with the WPATH guidelines?

**A. Yes.**

Q. And I think you described them as guidelines but not the standard of care or rules you have to follow; is that right?

**A. That's correct.**

S. Chin, M.D.

Q. You said at the first visit in October you spoke to the patient and her mother for about 30 to 40 minutes about the surgery?

**A. Right.**

Q. Do you recall at the second visit how long you spent with the patient and her mother?

**A. I don't remember exactly how long that was.**

Q. When I just asked you if you discussed the option of not having surgery with the patient you indicated that's something you discussed, do you recall what the patient and/or her mother said when you said that you don't have to have surgery when you presented that option?

**A. They were very much for the surgery. I don't think that was a serious consideration on their part at that point in time.**

Q. When you say they were very much for the surgery, what gave you that impression?

**A. They were eager to go forward and move quickly. I insisted upon a second visit and, you know, I don't think they felt as if they really required that, you know. I think they felt as if they were ready and prepared both mentally and**

**physically to go forward with the surgery.**

**MR. DEUTSCH: Note my objection.**

Q. Am I right you insisted upon the second visit because that's your custom?

**A. That's correct.**

Q. Now you were asked questions about the insurance company authorization for the surgery.

**A. Right.**

Q. Now, I assume -- and if I'm wrong please tell me -- that your office sends the insurance company documentation to obtain approval?

**A. Yes.**

Q. So that's something that you send or your office staff does that?

**A. That's correct.**

Q. Do you have to complete any forms or sign any forms that gets sent to the insurance company, if you recall?

**A. I don't believe so.**

Q. So is it your understanding that just your record is sent to the insurance company?

**A. Well, I believe my records and any other relevant records. So I'm sure the letter from Dr. Einhorn was sent as well as any other**

supporting documentation that was present.

Q. When you testified earlier that 99 percent of Dr. Einhorn's letter in your opinion is supportive of a diagnosis of gender dysphoria, what is the 1 percent that doesn't support that diagnosis in your opinion?

A. The first sentence of the second paragraph. At this time, I've diagnosed him with F40.10 social phobia as specified --

MR. BUGLIOSI: Slow down.

A. At this time, I have diagnosed him with F40.10 social phobia unspecified and F45.22 body dysmorphic disorder. Now, the social phobia is not a contraindication. As we talked about before, many of these patients with gender dysphoria carry another diagnosis with them and whether it's autism or anxiety or depression, that's not necessarily a contraindication or something that goes against it, but I do believe that patients with gender dysphoria, you know, can have these coexisting conditions as well and still have gender dysphoria.

Q. It was your opinion at the time there was no contraindication to performing surgery; is that

right?

**A. That's correct.**

Q. And I think you said it was your professional obligation to corroborate that the patient had gender dysphoria before performing the surgery, correct?

**A. Correct.**

Q. You talked about the informed consent discussion you had with the patient and the mother and one of the things you testified earlier to was that there were ways to reverse the top surgery, you mentioned that?

**A. Right.**

Q. Is that something you discussed with the patient and her mother?

**A. We didn't go into great detail about that from my recollection. I think if it was a huge concern on their part that they were going to have regret then there would have been a substantial conversation and I believe I would have documented that and discussed that in detail, and if I sensed a lot of hesitation on their part in going forward and having, you know, regret from surgery that we would not have gone forward.**

S. Chin, M.D.

Q. And what are the ways to reverse the top surgery?

**A. If you want to reverse the top surgery you can either do an expansion where you put a temporary implant in and you expand the skin, again, depending upon how tight that is and then the second stage, put the implant in, or if the patient has enough body tissue you can use harvest tissue either with fat or a flap.**

Q. In this patient what were the best options for reversal of the top surgery in this patient?

**A. This patient expansion and implants.**

Q. When I asked you about your experience with gender reassignment surgery and top surgery and I'm going to ask you the same question now with respect to top surgery in adolescents, how much experience do you have in that area prior to 2019?

**A. Some. I mean, that would be a guess again, but I would say it roughly mirrors, you know, what the general population would say. So I would say out of about 50 to 100 cases perhaps 10 or 20, somewhere around that ballpark.**

S. Chin, M.D.

Q. Is that where you performed the surgery, at Northern Westchester?

**A. That's where I performed his surgery or her surgery now sorry.**

Q. Were there any requirements that you were aware of regarding performing this type of surgery on an adolescent at Northern Westchester?

**A. Parental consent.**

Q. And you had that prior to surgery, correct?

**A. Right, right. Sorry, you also need privileges in performing breast surgery top surgery as well, which I have.**

**MR. KORNFELD: Thank you, Doctor. I don't have any further questions.**

**MR. DEUTSCH: I just have a couple, Doctor.**

**CONTINUED EXAMINATION BY MR. DEUTSCH:**

Q. Mr. Kornfeld just asked you when you saw the patient for the first time that you asked the patient and her mother potentially some questions to corroborate the diagnosis of gender dysphoria. What questions was it that you asked the patient

at that time?

**A. I ask how long they had wanted to think about transitioning into a male. I asked them the reason for this, why they think this is the case. I ask them if they have had therapy with a mental health professional and if they are confident going forward with that. I ask them things they have done other than surgery, so that's hormone therapy and generally binding. Binding is a very common thing we here in females who are transitioning over to top surgery and those are sort of the general questions I ask, along those lines.**

Q. You mentioned that there were two diagnoses in that letter. One was social phobia?

**A. Right.**

Q. Which you indicated was not a contraindication for top surgery, correct?

**A. Correct.**

Q. The other one is body dysmorphic disorder?

**A. Right.**

Q. Is body dysmorphic disorder a contraindication for top surgery?

**A. No, no, and I will tell you why. So patients who have gender dysphoria, right, they are not happy with their appearance. In other words, there's a discord and a misalignment between the way they perceive themselves and the way they were born. So a lot of these patients, you know, because they are unhappy with their appearance, you know, may feel as if they, you know, in other words, body dysmorphic disorder is a portion of that where they are unhappy with their appearance, but you wouldn't have the converse where somebody purely with body dysmorphic disorder would have that gender sort of misalignment. I mean, that's the critical difference between the two in my mind.**

Q. Right, so someone can have body dysmorphic disorder without having gender dysphoria, correct?

**A. Right.**

Q. Someone can have gender dysphoria without having body dysmorphia, correct?

**A. Correct.**

Q. And if somebody has body dysmorphic disorder without the gender dysphoria, only the

body dysmorphia, is that an indication for surgery?

**A. No, no, absolutely not. That's a psychiatric issue then, you know, are just going to be doing operation, operation, after operation. I guess what I am trying to say is you can have elements of body dysmorphia disorder within gender dysphoria.**

Q. And ultimately the diagnosis of what a patient has in that realm is up to the mental health professional, correct?

**A. That's correct. I corroborate. I don't diagnose.**

Q. And you mentioned that one of the things that could potentially make reconstruction more difficult at this point is the tighter the skin is on the patient the more difficult it makes to reconstruct; is that correct?

**A. That's correct.**

Q. Do you take into account the information that you get from a patient the fact that the person is a minor, do you evaluate information that you obtain from a minor in a different way than you may evaluate information you obtain from

an adult?

A. I think it depends on the individual situation. You know, some minors are very mature, very well thought, well spoken. Giving a lot of energy into pursuing something like surgery, I think there are some minors who really aren't appropriate to do that. I think that's part of the reason that we touched on before, you know, a standard of care being out there for top surgery or transgender surgery as a whole.

WPATH is, you know, obviously an international recognized organization that gives their recommendations, but I think if you go across the country and you talk to plastic surgeons here or there everybody has sort of a slightly different slant on things and your question kind of belies that variation that people see. So you are asking me do I take the testimony of a minor different from that of an adult, yes, I have to in some ways because medically legally I have to, right. I need parental input and their consent to do so. So the short answer to that is yes, but I also do factor in, you know, sort of how invested and

**how thoughtful this minor is as far as going into the procedure and if I'm uncomfortable with that then, you know, I think we would need more visits.**

Q. Do you think the minor who is pushing to have surgery ever may have a tendency to tell you what they think you want to hear?

**A. I suppose that's certainly possible. I mean, you know, people are smart and, you know, they may try to tell you things you want to hear because they have a mental checklist, but that's why it's important, as we talked about before, that the parent is there, you know. We spoke about how the parent, you know, being there is a requirement as far as going forward with the surgery and it's their medically legally, but also that's because that's a person the minor should hope to trust and rely upon as far as their judgments. It's a symbiotic relationship.**

Q. You are obviously familiar with the WPATH guidelines. Whether or not you feel those guidelines represent the standard of care or not, do you think that you, in this case with respect to your treatment of Ms. Varian, met the

guidelines as they are laid out with respect to her treatment?

**A. I do. They describe in version 7 that the age of majority, you know, recommended as far as surgery is concerned and that's 18 and that's what New York State allows back at the time as well.**

**However, it does also say a couple of other things. One was that if a patient is a minor then, you know, follow with the standard of care for that, which is parental consent of course.**

**Also, on page 21, as I talked to you about before, they mention top surgery as being sort of a different kind of level and something that somebody can consider earlier on. It's not as permanent as a change of genital surgery, for example, for which they have different regulations as you because I'm sure you are familiar with WPATH as well, but the short answer is I do believe I follow their general guidelines, although they are not sort of necessarily the standard of care that's adhered to for any --**

S. Chin, M.D.

Q. Are you --

**A. -- part of the United States or New York. Go ahead.**

Q. Are you familiar with the fact that with respect to physical interventions for adolescents that the WPATH guidelines recommend a stage process in the treatment, are you aware of that?

**A. When you say stage process, if it's referring to sort of speaking with a mental health professional, speaking to sort of a team, or if possible considering hormone therapy, I'm aware of that, but I think that term can be interpreted in different ways.**

Q. Well, I can refer you to it since you have it in front of you so we are on the same page, but on page 18 of the guidelines it talks about physical interventions for adolescents.

**MR. BUGLIOSI: He doesn't have it. I don't know where you come up with this stuff.**

**A. I don't have the full --**

**MR. DEUTSCH: Because he was reading from it before.**

**MR. BUGLIOSI: Yeah, a couple of**

pages.

MR. DEUTSCH: Okay. Fair enough.

A. One or two pages. Go ahead.

Q. Fair enough. If you don't have it front of you, I am happy to read it for you. So on page 18 it says physical interventions for adolescents and it says before any physical interventions are considered for adolescents extensive exploration of psychological family and social issues should be undertaken as outlined above. The duration of this exploration may vary considerably depending on the complexity of the situation. Then it goes on and says physical interventions for adolescents fall into three categories or stages. One, fully reversible interventions. Two, partially reversible interventions and, three, irreversible interventions. Irreversible interventions obviously meaning surgical procedures.

A. Okay.

Q. It then says a stage process is recommended to keep options open through the first two stages. Moving from one stage to another should not occur until there has been adequate time for adolescents and their parents to

S. Chin, M.D.

assimilate fully the effects of earlier interventions. With that understanding, are you aware, first of all, if Ms. Varian ever attempted any of the fully reversible interventions, including the use of GnRH analogues to suppress estrogen or testosterone?

**MR. BUGLIOSI: Objection. He's already answered that.**

**You can answer again.**

**A. So my understanding --**

Q. I'm just asking if you know if she went through those or not first.

**A. She didn't go through them. She didn't go through them.**

Q. So she did not complete the first stage of that guideline, correct?

**A. Right. Go ahead.**

Q. And then the second partially reversible intervention includes hormone therapy and we know she didn't do that, correct?

**A. Correct.**

Q. So she didn't therefore meet the second stage of that guideline, correct?

**MR. KORNFELD: Object to the form**

of the question.

MR. BUGLIOSI: I'm beyond that, but you can answer. I will adopt the objection.

Q. Did she complete the second stage of this guideline, yes or no?

A. No.

Q. And then you did the third stage, which is an irreversible intervention, correct?

A. Right.

Q. And according to these guidelines, which you told us that you met, these guidelines say that you should do it in a stage process. So, therefore, you did not meet these guidelines; is that fair?

A. No, that's incorrect. You are taking one portion of this and changing the context. If you look further in the WPATH you will see they state hormone therapy is not a requirement for top surgery.

These things are not requirements. They are guidelines. They are suggestions. They want to be cautious. That's being applauded and respected because you want to be

cautious and go through.

We ask the questions. We offer them, but ultimately it's up to the patient and these are not hard and fast rules that have to be checked off in order to go forward.

Q. Did you ever offer the patient the options of hormones?

A. I asked the patient if she was interested in hormone therapy and she said no. She said I was asked that question before. She doesn't want to do it.

Q. You recall asking that question?

A. I recall asking that question because I ask everybody that question. I say have you considered hormone therapy? Do you want to do this? No, I'm not interested.

Q. Did you document that anywhere?

A. No.

Q. Why when I asked you before if you remember any additional conversations you didn't tell me about that?

MR. BUGLIOSI: Don't answer, don't answer. I'm instructing the witness not to answer the question.

S. Chin, M.D.

Q. Did you discuss the use of GnRH analogues to suppress estrogen production?

**A. No. I talked about hormone therapy.**

Q. You gave us a percentage before 1 to 4 percent of people that have top surgery have some sort of regret. Where did that statistic come from?

**A. From my reading, from my literature, what I tell patients I talk to them when they -- we talk about reversing this and being certain about going forward. So I recognize and to the patients that with time they may change their decision and want to reverse.**

Q. Do you have a specific article that you recall or not really?

**A. I think it's in -- it may be in WPATH or somewhere else. I would have to -- it may also be in that Rishub, the Rishub article that I referenced, it may be there as well.**

**MR. DEUTSCH: That's all I have for your, Doctor. Thank you so much.**

**THE WITNESS: Thank you.**

**MR. KORNFELD: I just have a few follow-up questions.**

S. Chin, M.D.

CONTINUED EXAMINATION BY
MR. KORNFELD:

Q. The 1 to 4 percent that regret having top surgery, is that a statistic that you told the patient and her mother preoperatively?

**A. I mean, I generally tell them that there is a chance that, yes, in this specific case I don't know if used those exact numbers, but probably.**

Q. If you didn't use the exact numbers, would you have told the patient and her mother there is a percentage of patients that regret having top surgery?

**A. Yes.**

Q. I'm going to switch gears for one moment.

Have you had patients who come to you with a diagnosis of gender dysphoria who want to have surgery but for whatever reason you don't convince the patient has gender dysphoria or you have some other concern and have decided that the patient should not have the surgery?

**A. Yes.**

**MR. KORNFELD: Thank you, sir.**

**THE WITNESS: Thank you.**

S. Chin, M.D.

CONTINUED EXAMINATION BY
MR. DEUTSCH:

Q. What do you do in that situation?

A. I tell them that I don't think I will meet their expectations as far as what they want and if I'm unclear, I would say that, you know, you should either speak with another plastic surgeon who may be more aligned with what you want or what you expect, or if I think they would require more psychiatric help and discussion and refer them back to their mental health professional.

MR. DEUTSCH: Thank you.

THE WITNESS: Thank you.

(Time noted: 5:23 p.m.)

_____
SIMON H. CHIN, M.D.

Signed and subscribed to
before me, this _____ day
of _____, _____.

_____
Notary Public

I N D E X


| WITNESS | EXAMINATION BY | PAGE |
|---|---|---|
| S. Chin, M.D. | Mr. Deutsch | 6, 137, 151 |
| | Mr. Kornfeld | 127, 150 |

C E R T I F I C A T E

I, CHARISSA M. HROMADKA, a shorthand reporter and Notary Public within and for the State of New York, do hereby certify:

That the witness whose testimony is hereinbefore set forth was duly sworn by me, and the foregoing transcript is a true record of the testimony given by such witness.

I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

CHARISSA M. HROMADKA

May 21, 2024

ERRATA SHEET FOR: SIMON H. CHIN

SIMON H. CHIN, being duly sworn, deposes and says: I have reviewed the transcript of my proceeding taken on 05/21/2024. The following changes are necessary to correct my testimony.

| PAGE | LINE | CHANGE | REASON |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Witness Signature:_____

Subscribed and sworn to, before me this ___ day of _____, 20 ___.

_____ _____

(NOTARY PUBLIC) MY COMMISSION EXPIRES

A
**abbreviation...** 96:24
**ability (1)** 115:3
**able (1)** 77:16
**above-entitle...** 1:17
**abscess (2)** 119:14,21
**absolutely (4)** 8:17 10:16 14:24 140:4
**abuse (1)** 31:23
**academic (1)** 10:4
**accept (2)** 84:22 85:4
**accommodat...** 7:15,18
**accompanied...** 3:20
**accomplishe...** 96:14
**accord (1)** 50:5
**account (3)** 44:22 69:15 140:21
**accounts (1)** 32:19
**accurate (1)** 34:4
**accustomed (...** 58:11
**achieve (1)** 97:3
**action (4)** 1:17 4:5 13:21 153:12
**actions (1)** 28:23
**actively (1)** 84:15
**actual (5)** 42:6 52:8 54:24 79:3 103:17
**Adam (2)** 2:7 6:16
**add (3)** 35:20 48:20 104:14
**adding (1)** 59:10
**addition (1)** 130:9
**additional (11)** 39:19 48:20 111:21 114:3 116:16,17 117:24 121:24 123:12 124:3 148:21
**address (3)** 6:10 86:12 94:14
**addressed (1)** 44:11
**adequate (1)** 145:24
**adhered (1)** 143:25
**administerin...** 5:6
**administrati...** 11:5
**adolescent (2)** 37:4 137:8
**adolescents (...** 31:22 32:9 37:7 38:3 70:14 136:18 144:6,18 145:7,9,14,25
**adopt (1)** 147:4
**adult (2)** 141:2,21
**adults (1)** 70:14
**advantage (1)** 94:10
**advice (1)** 43:17
**Aesthetic (1)** 38:19
**affiliations (1)** 10:20
**afternoon (2)** 6:13 127:8
**against- (1)** 1:7
**age (5)** 16:25 20:19 31:9 32:7 143:5
**ago (7)** 6:15 7:10 10:10 48:2 71:20 126:14 131:11
**agree (16)** 20:22 23:10,16 25:4,9,13,15 26:19,25 71:8 72:18,22 106:19 110:6 110:8 129:24
**agreed (5)** 3:3 5:2 27:4 130:2,4
**agreeing (1)** 129:3
**ahead (21)** 19:10 30:14 31:16 56:19 57:5,14 58:19 67:6 82:17 88:11 89:23 90:16,17,24 100:23 104:11 105:12 131:17 144:4 145:4 146:18
**ailments (1)** 69:9
**al (2)** 37:16,16
**aligned (1)** 151:9
**alignment (1)** 50:5
**alive (2)** 95:9 113:22
**allow (2)** 106:2,12
**allowed (2)** 13:20 111:7
**allows (1)** 143:7
**alluding (4)** 27:24 41:11 64:7,23
**alteration (2)** 71:5,6
**Ambulatory ...** 10:25
**amenable (1)** 95:17
**American (3)** 25:5,11 37:18
**amount (3)** 64:11,25 93:4
**ample (2)** 31:2,19
**analogues (2)** 146:6 149:2
**anatomy (1)** 87:17
**and/or (2)** 3:6 132:13
**anesthesia (1)** 39:11
**anguish (9)** 33:10 54:5 62:6 71:23 74:23 77:25 87:6 89:2 116:13
**anorexia (1)** 28:11
**anorexic (1)** 16:15
**answer (61)** 3:7,11,15,18 3:19,19,20 7:16 8:2,6 23:8 24:5,6,7 24:9 30:23 35:3,5,19,21 36:11 41:7 42:19 49:8,16 52:21 54:13 56:19 57:12 57:18 58:12 59:6,7 61:22 64:14 75:21 76:5,17,18,22 78:19 80:14 82:13 88:5,7 88:10,11 91:21 104:11 106:12 111:5 114:19 124:13 131:5 141:24 143:22 146:10 147:4 148:23,24,25
**answered (7)** 3:17,25 14:4 67:2,16 75:23 146:9
**answering (5)**

35:13 59:9 67:5 85:2 105:11
**answers (2)** 67:12 127:14
**anxiety (7)** 16:8 17:17 34:9,16 44:5 77:10 134:18
**anxious (2)** 19:12 77:23
**anybody (3)** 34:2 58:8 114:5
**anymore (3)** 80:16 105:15 126:23
**anyway (1)** 12:19
**apologize (3)** 58:11 63:15 98:24
**appearance (7)** 16:12 20:10 28:14 31:23 139:4,9,12
**appeared (1)** 67:7
**appears (2)** 73:20 119:11
**applauded (1)** 147:25
**apply (1)** 3:8
**appointment... (1)** 10:15 116:24
**appointment... (1)** 22:16 124:21
**appreciate (1)** 18:6
**appropriate ... (1)** 3:8 27:17 30:3 44:16 62:7,13 81:16 84:9 141:8
**approval (7)** 99:11 101:5 103:20,24 104:15 123:17 133:12
**approve (1)** 42:11
**approved (4)** 63:12 73:8 99:9 103:22
**approximate... (1)** 128:11
**approximate... (1)** 11:17 46:8 70:11 128:14
**area (5)** 45:8 56:4 123:8 126:6 136:19
**areola (2)** 121:18 123:8
**article (8)** 3:9 37:11,19 37:25 38:10 38:23 149:15 149:19
**articles (5)** 11:17,22 37:14 38:15 39:3
**ascertaining ... (1)** 69:18
**asked (23)** 15:23 16:18 24:10 35:18 41:19 50:10 56:23 57:2 59:9 74:9 98:24 130:24 131:4 132:10 133:7 136:15 137:21,22,25 138:4 148:9 148:11,20
**asking (17)** 6:19 10:18 14:16 22:5 36:12 41:14 45:5,10 57:21 91:2 101:17 102:11 107:6 141:19 146:12 148:13,14
**asks (1)** 50:7
**aspect (2)** 70:2 73:12
**aspects (6)** 72:21 73:14,18 114:9,18,21
**aspiration (1)** 11:13
**assigned (2)** 15:12 18:23
**assignment (1)** 70:5
**assimilate (1)** 146:2
**Assistant (1)** 10:7
**ASSOCIAT... (1)** 1:8 2:11
**Association (1)** 21:9
**assume (3)** 101:9 105:20 133:10
**assuming (7)** 12:24 13:7,14 38:12 40:14 40:18 92:9
**Asymmetry (1)** 112:15
**attached (1)** 18:24
**attempt (2)** 53:10,11
**attempted (1)** 146:4
**attendance (1)** 3:13
**attended (1)** 8:22
**attending (5)** 14:15,18,19 16:22 46:10
**attorney (6)** 3:11,18,23 4:7 4:11 5:11
**attorneys (4)** 2:5,10,17 3:3
**author (2)** 37:12,13
**authority (1)** 21:6
**authorizatio... (1)** 133:8
**authors (1)** 39:4
**autism (3)** 43:20 44:4 134:18
**avoid (1)** 119:18
**aware (14)** 17:4 32:17 43:12 45:11 46:21 66:24 75:16,22,24 126:11 137:7 144:8,12 146:4
**axilla (1)** 94:25

**B**

**b (3)** 3:6 32:21 77:5
**back (28)** 16:6,23 21:12 21:14 34:17 42:19 45:23 52:20 58:23 59:2 65:7 73:7 74:24 84:2 92:4 94:2,12 95:19 96:15 99:4 108:23 117:20 123:4 125:6,13 131:19 143:7 151:12
**background ... (1)** 8:19
**bad (1)** 33:20
**bag (1)** 39:10
**ball (2)** 104:3 123:17
**ballpark (1)** 136:25
**bar (1)** 4:4
**bare (3)** 70:7,21 113:11
**base (1)** 74:20
**based (12)** 42:14 54:17,25 55:24 60:3 78:13,20 81:2 82:23,25 83:12 84:12
**basic (2)** 51:2,14
**basically (1)** 130:17
**basis (2)** 3:12,20
**Baskind (5)** 46:24,25 47:7 47:10,16

**bat (1)**
50:23
**beach (1)**
51:19
**bear (1)**
5:14
**bearing (1)**
51:18
**becoming (1)**
37:3
**Bedford (1)**
6:11
**began (1)**
77:10
**beginning (1)**
31:13
**behalf (1)**
4:7
**Beisel (4)**
33:5 59:25
62:19 86:20
**belabor (1)**
113:23
**belief (1)**
65:24
**belies (1)**
141:18
**believe (58)**
10:13,17 19:2
19:2 21:20
24:16,19,22
25:2 26:12,15
26:15 34:18
38:18 39:12
39:20 45:14
46:17 47:11
47:12 53:20
55:7 63:7
67:12 74:15
74:17 76:7,10
78:7,20 79:5
81:14 82:14
82:17 84:8
85:24 91:7
99:22,24
103:24
104:22 107:4
107:14
110:11 115:7
115:8,18
116:3,13
119:2 125:11
127:16
128:21
133:20,23
134:20
135:21
143:22
**believed (1)**
76:10
**believes (2)**
81:19 85:25
**BELL (1)**
2:17
**benefit (1)**
94:6
**benefits (15)**
22:24 51:15
62:11 63:23
68:6,12 72:9
73:25,25 74:6
94:16,18
112:11,12,22
**best (1)**
136:11
**better (1)**
109:20
**beyond (1)**
147:3
**big (3)**
51:16 94:6,22
**biggest (1)**
122:24
**bilateral (1)**
112:22
**bill (1)**
30:4
**billing (2)**
102:7,10
**binder (1)**
77:17
**binding (5)**
34:19 36:14
75:5 138:10
138:10
**bit (15)**
15:9 18:12
20:15 36:21
46:14 50:20
61:21 69:23
118:17
119:21
120:10,17
121:5,7
123:12
**bleeding (1)**
69:9
**blood (1)**
153:12
**BlueCross (2)**
103:13,13
**board (8)**
12:23 13:3
62:25 64:22
65:2,21 67:9
68:7
**boards (1)**
13:7
**body (39)**
15:5 16:2,10
18:9,14,18,19
19:24 20:10
28:8,9,15,20
28:22 71:4
77:3,13,14,15
78:2,11 79:4
79:10 81:15
85:7 87:17
88:4 130:19
134:13 136:9
138:21,24
139:10,13,17
139:22,24
140:2,8
**bolts (1)**
87:19
**book (1)**
12:10
**boom (1)**
91:14
**born (6)**
15:12 17:13
18:23 19:9,17
139:7
**bothers (1)**
122:20
**bottom (2)**
72:6 121:6
**bound (1)**
17:17
**boy (2)**
19:16 52:11
**brain (1)**
109:21
**break (5)**
7:14,17 43:2
80:15,20
**breast (29)**
12:2,21 20:23
21:24 33:12
38:21,24
50:21 52:3
68:19,21
69:13 92:22
93:5,9,25
94:14 95:6,8
95:14 112:23
113:3,4,12,13
120:11
123:13 124:6
137:13
**breastfeed (1)**
115:3
**breasts (5)**
68:24 77:11,21
120:20,21
**BRENNAN (1)**
2:10
**bridge (1)**
91:13
**brief (4)**
43:3 80:21
91:24 127:4
**bring (5)**
25:20 47:23
48:7 87:18
88:22
**brought (1)**
6:17
**brushed (2)**
36:20,22
**BUGLIOSI (...**
2:20 12:6 14:2
23:11 24:5,7
26:9 30:7,10
30:13,18,21
34:5 35:8,12
35:20 41:7
48:4 49:14
54:12 56:17
56:25 57:3,9
57:17,23 58:2
58:7,18 59:8
59:15 64:12
66:15 67:4,16
75:19 76:4,16
76:21 78:18
79:17 80:12
80:19 82:11
84:25 88:8
89:13,19 90:3
90:7,12,20,22
91:7 97:15
100:3,10,14
100:20
101:25 102:8
102:20 103:4
103:8,15
104:6 105:9
105:14,17

106:7,25
107:3,8,15,23
108:4,8,11,20
108:23 109:8
109:14,20
110:2 111:4
124:12
134:11
144:19,25
146:8 147:3
148:23
**bullied (1)**
15:14
**business (1)**
35:25
**busy (1)**
125:18
**button (1)**
58:3

C

**c (5)**
2:2 3:6 6:2
153:2,2
**C.P.L.R (2)**
3:9 4:9
**call (6)**
29:13,17 34:8
81:4 86:10
102:17
**called (3)**
9:9 38:21
63:16
**calling (1)**
51:13
**cancer (1)**
52:9
**candidate (5)**
24:18,24 25:10
39:23 131:5
**capacity (2)**
31:7 32:5
**care (17)**
22:3 23:21
24:17,19,21
24:23 25:3
32:9 35:13
41:4,13
125:18
131:23
141:10
142:23
143:12,24
**CareMount (...**
1:9 2:18 9:21
99:21 101:9
**CARMEL (2)**
1:8 2:11
**carried (3)**
30:25 31:18
83:17
**carry (2)**
43:24 134:17
**case (35)**
6:17 8:10
19:11 33:20
39:14 41:25
45:2,3 46:14
49:25 50:2,3
50:9,10,19
51:4 66:19
70:5,16,17
81:8 84:11
90:14,16
103:2 105:25
109:11,13,15
121:4 129:12
131:9 138:5
142:24 150:8
**cases (2)**
7:4 136:24
**catch (2)**
56:2 122:25
**catchy (1)**
122:25
**categories (1)**
145:15
**caught (1)**
77:22
**cause (1)**
3:18
**caused (2)**
19:18 65:14
**cautious (3)**
124:2 147:24
148:2
**center (1)**
10:25
**centric (2)**
52:6 95:6
**certain (12)**
36:16 47:11,25
48:25 55:3,8
56:11 61:13
106:8 111:14
125:15
149:11
**certainly (4)**
21:17 22:7
29:14 142:9
**certification ...**
4:10
**certified (2)**
12:23 13:3
**certify (2)**
153:6,11
**chance (6)**
93:9,10 94:11
96:4,11 150:8
**Chandler (3)**
125:24,25
126:3
**change (7)**
6:14 20:12
29:24 70:15
143:18
149:13 154:5
**changes (2)**
70:6 154:3
**changing (1)**
147:18
**chapters (2)**
12:10,17
**charge (1)**
4:12
**Charissa (3)**
1:19 153:4,18
**chart (10)**
39:8 100:15,18
101:3,14
102:3,9,15,20
102:24
**check (2)**
111:9 126:22
**checked (1)**
148:6
**checklist (1)**
142:12
**chest (14)**
12:2 30:24
31:17 32:3
37:25 51:18
70:8 72:8
94:9 95:3
97:3,6 113:12
113:19
**chief (1)**
11:11
**child (3)**
65:23,25 67:21
**children (1)**
32:9
**Chin (155)**
1:8,16 2:18 6:9
6:13 7:1 8:1
9:1 10:1 11:1
12:1 13:1
14:1 15:1
16:1 17:1
18:1 19:1
20:1 21:1
22:1 23:1
24:1 25:1
26:1 27:1
28:1 29:1
30:1 31:1
32:1 33:1
34:1 35:1
36:1 37:1
38:1 39:1
40:1 41:1
42:1 43:1
44:1 45:1
46:1 47:1
48:1 49:1
50:1 51:1
52:1 53:1
54:1 55:1
56:1 57:1
58:1 59:1
60:1 61:1
62:1 63:1
64:1 65:1
66:1 67:1
68:1 69:1
70:1 71:1
72:1 73:1
74:1 75:1
76:1 77:1
78:1 79:1
80:1 81:1
82:1 83:1
84:1 85:1
86:1 87:1
88:1 89:1
90:1 91:1
92:1 93:1
94:1 95:1
96:1 97:1
98:1 99:1
100:1 101:1
102:1 103:1
104:1 105:1
106:1 107:1
108:1 109:1
110:1 111:1
112:1 113:1
114:1 115:1
116:1 117:1
118:1 119:1

120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1,8 128:1 129:1 130:1 131:1 132:1 133:1 134:1 135:1 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 146:1 147:1 148:1 149:1 150:1 151:1 151:19 152:4 154:1,1

**chronologica...** 100:5

**chronologica...** 16:19 17:6

**circumstanc...** 40:12

**City (1)** 9:18

**claim (1)** 105:23

**clarify (2)** 19:11 24:13

**clarity (1)** 91:17

**classical (1)** 17:16

**classically (1)** 16:23

**clear (7)** 3:11,20 10:17 19:20 24:20 29:16 113:20

**clearly (8)** 4:2 36:23 41:19 43:8 44:11 50:24 109:24 110:2

**CLEARWA...** 2:17

**clicking (1)** 58:3

**client (6)** 33:22 57:8 104:7,20 105:21 109:11

**clients (1)** 107:16

**clinical (1)** 22:13

**close (1)** 18:5

**clothing (1)** 77:18

**codes (2)** 102:6,10

**coexisting (1)** 134:22

**collaborative...** 42:17 129:7

**collective (1)** 18:2

**college (2)** 8:20 9:5

**combined (1)** 9:8

**come (13)** 19:25 20:6 45:7 50:20 52:20 95:21 123:4 125:5 125:13,14 144:20 149:7 150:17

**comes (6)** 26:11 27:5 44:8 54:5,20 71:6

**comfortable ...** 29:2,15 32:22 48:25 49:6 61:14,25 77:6

**coming (5)** 17:5 20:5,8 48:13 62:16

**comment (2)** 89:13,14

**commenting ...** 89:17

**comments (1)** 3:14

**COMMISSI...** 154:25

**commit (1)** 104:15

**commits (1)** 104:12

**common (2)** 88:23 138:11

**communicati...** 3:23

**communicati...** 3:24 4:2 26:17 29:13

**community (1)** 45:8

**company (13)** 83:25 99:12,16 101:5,13,23 102:14 103:3 103:20 133:8 133:12,18,22

**complaints (1)** 124:17

**complete (4)** 3:21 133:17 146:16 147:6

**completely (3)** 121:21 124:18 124:18

**complex (2)** 96:23,25

**complexity (1)** 145:13

**compliance (1)** 3:4

**complication...** 74:3

**compliment (...** 71:6

**component (1)** 21:21

**comported (1)** 72:3

**concern (4)** 68:2 113:9 135:19 150:21

**concerned (6)** 8:4 67:20 77:21 114:22 120:18 143:6

**concerns (8)** 32:10 67:23 86:18,25 121:9 123:7,8 124:15

**condition (6)** 18:15 54:6 91:22 105:22 112:7,7

**conditions (1)** 134:22

**conduct (1)** 5:14

**conducted (1)** 5:3

**confidant (1)** 15:7

**confident (4)** 27:11 81:25 84:16 138:7

**confidentiali...** 3:16

**confirm (6)** 22:13,21 26:16 44:20 62:13 111:12

**confirming (2)** 5:7 69:18

**conforming (2)** 12:19 40:20

**confused (7)** 19:12 23:7 27:20,21 28:3 28:17 59:11

**Connecticut ...** 13:19

**consent (27)** 3:24 5:8 31:8 32:6 39:11 43:10 60:11 61:3,6,8,13 68:17,25 71:12 105:4,7 106:18,22 107:12,16 110:6 114:24 131:16 135:9 137:9 141:23 143:12

**consenting (1)** 40:4

**conservative ...** 124:2

**consider (6)** 38:6,12 56:14 95:22 97:7 143:17

**considerable...** 128:6

**considerably...** 145:12

**consideratio...** 21:17 93:6 132:17

**considered (3)** 5:8 145:9 148:16

**considering (1)** 144:12

**consistent (7)**

28:24 29:21 75:7,13 77:24 119:7 124:20
**consistently (...** 77:17 84:14,16
**constitute (1)** 22:2
**consultation ...** 39:9
**contact (4)** 27:17 84:10 86:17 125:10
**contain (1)** 69:9
**contained (6)** 53:15 80:24 99:20 113:25 116:15 117:22
**contemplatin...** 61:23
**content (7)** 75:8 79:24 87:14 88:15 89:6 130:15 130:16
**contents (1)** 101:8
**context (4)** 83:16 93:21,22 147:18
**continue (1)** 49:19
**CONTINUE...** 137:19 150:2 151:2
**contract (1)** 20:17
**contraindica...** 51:8 134:15,19 134:25 138:19,25
**contribute (1)** 31:23
**control (1)** 5:5
**controlled (2)** 4:9 32:12
**conversation...** 27:13 48:16 54:24 59:21 59:24 60:5,10 60:13 64:16 69:4,21 71:17 72:20 87:16 135:21
**conversation...** 17:11,22 53:18 54:10 56:16 59:19 60:8,16 60:18 61:10 61:14 74:12 82:2 89:5 111:21 114:4 116:9,17,18 117:24 118:23 125:4 125:7,23 126:7,8 148:21
**converse (1)** 139:13
**convince (7)** 26:4 63:25 64:4,11 65:18 67:8 150:19
**convinced (1)** 63:4
**copies (2)** 102:15 103:17
**copy (12)** 4:12 5:12 12:5 39:16 42:22 47:4 97:17 99:23,25 100:7,18 101:3
**corner (1)** 97:19
**correct (96)** 10:3 12:24 25:18 26:2 27:9 40:16,17 40:22,23 41:2 41:5,23 46:7 46:19 47:22 53:4,13 55:16 56:10,12,16 61:10 64:24 65:2 66:15 73:18,23 74:5 74:7 78:17 83:6,7,10,11 83:15 84:6 87:24 89:9 91:3 92:9,10 92:25 93:2 95:11 97:25 98:25 101:9 101:23,24 103:25 104:5 105:2,3 110:11 112:13,23,24 114:23 115:10,11,11 117:7 118:3 121:11 124:25 125:2 127:19,20,23 128:24 130:5 130:8,22 131:19,25 133:6,16 135:3,7,8 137:11 138:19,20 139:19,22,23 140:12,13,19 140:20 146:17,21,22 146:24 147:10 154:3
**correcting (2)** 85:19 123:14
**correction (1)** 123:21
**correspond (1)** 86:13
**corroborate ...** 26:16 28:25 48:19 75:12 127:25 130:11 135:5 137:24 140:13
**corroborate...** 78:22 82:5,8 127:18
**corroboratin...** 130:6
**cortisone (1)** 119:25
**cosmetic (2)** 9:17 68:22
**costs (1)** 5:14
**counsel (4)** 4:11 5:2,4,13
**Counselor (1)** 91:5
**count (1)** 11:18
**country (2)** 32:8 141:15
**COUNTY (1)** 1:3
**couple (8)** 7:12 37:14 38:17 126:18 126:21 137:17 143:9 144:25
**course (8)** 3:13 20:10,14 43:22 46:11 51:16 54:5 143:13
**court (10)** 1:2 3:17 5:3,5 5:6 7:24 8:2 58:25 59:9 103:15
**Courts (1)** 3:4
**cover (1)** 119:22
**covered (1)** 80:13
**CPLR (3)** 3:12,19 5:3
**create (3)** 41:16,17 95:11
**creation (1)** 32:3
**credentials (1)** 44:23
**crippling (1)** 15:13
**criteria (6)** 31:5 32:2 34:22 36:24 84:17 130:22
**critical (2)** 49:17 139:15
**currently (2)** 10:21 16:2
**custom (7)** 48:11 53:7 54:17,25 55:14 82:19 133:5
**customarily (...** 50:10
**customary (1)** 53:23
**cut (3)** 57:10 58:18 88:9
**CV (5)**

**CV (5)**
11:18 12:5,15 39:16 45:6

**D**

**d (4)**
3:6 5:3 6:2 152:2
**dad (1)**
56:9
**date (7)**
1:17 47:19 54:11 104:25 110:8 111:8 116:22
**dated (2)**
110:7,9
**dates (1)**
106:20
**daughter (6)**
15:25 18:7 44:3 62:23 66:21 68:3
**daughters (1)**
15:25
**day (18)**
10:18 47:21 60:11 89:18 104:21 111:22 114:5 114:11,12,12 114:17,22 116:7 117:16 118:12,24 151:22 154:24
**days (4)**
105:7,10,18 106:22
**DCM (1)**
79:3
**deal (6)**
11:23 12:18 15:21 23:3 78:3 94:3
**dealing (3)**
16:7 42:2 71:16
**deals (3)**
12:2,20 81:11
**dear (1)**
15:4
**December (14)**
32:25 46:4 104:17,18,23 104:24 106:17,19 107:13 110:8 116:3,5,16 117:6
**decided (4)**
17:12 114:23 125:21 150:21
**decides (1)**
131:4
**decision (8)**
31:8 32:6 39:22 40:3 70:15,23 89:4 149:13
**deemed (1)**
4:8
**deeper (1)**
90:11
**defect (1)**
3:12
**defects (1)**
18:17
**defendant (2)**
1:16 7:7
**defendants (5)**
1:10 2:10,17 6:18 7:6
**defined (1)**
18:20
**definition (7)**
18:11,14,24,25 21:4 25:24 87:14
**definitionall... (1)**
18:9
**definitions (2)**
88:3 91:3
**degree (1)**
44:4
**department (... (2)**
11:11,12
**departure (3)**
22:3 40:24 41:3
**depending (4)**
70:11 129:2 136:7 145:12
**depends (3)**
20:4 29:11 141:3
**deponent (5)**
3:11,15,18,20 3:23
**deposed (1)**
6:19
**deposes (1)**
154:1
**deposition (17)**
3:6,7,7,10,16 3:21,23 5:3 5:14 7:9 8:16 36:5,17 57:22 95:5 107:9 109:12
**depositions (1)**
106:9
**depression (3)**
16:7 17:17 134:18
**depths (1)**
28:6
**describe (3)**
28:23 91:22 143:4
**described (4)**
78:21 79:25 88:15 131:22
**describes (2)**
77:4 79:10
**describing (1)**
29:18
**description (2)**
26:4 28:11
**desired (2)**
31:3,19
**desk (1)**
101:21
**detail (3)**
115:19 135:17 135:22
**details (5)**
48:20 54:10 73:15,17,19
**determinatio... (2)**
41:24 74:20
**determine (1)**
42:3
**determining ... (1)**
3:24
**Deutsch (67)**
2:4,7 6:7,16 12:4 23:12 30:12,15 35:10,15 42:25 57:6,15 57:20,25 58:4 58:16,19,22 59:12,16 66:5 66:10 67:2 76:19 80:17 89:16,24 90:5 90:9,21 99:23 100:6,13,16 100:24 102:17 103:6 103:13 105:13,16 106:3 107:6 107:11,18 108:2,5,10,15 108:21 109:2 109:9,17,23 110:4 126:15 126:20 127:3 133:3 137:17 137:20 144:23 145:3 149:21 151:3 151:14 152:4
**devastating (1)**
15:9
**diagnose (4)**
82:6,9,15 140:14
**diagnosed (10)**
75:17 76:2,24 77:12 79:2 82:4 105:24 130:14 134:9 134:12
**diagnoses (9)**
43:18 79:6 80:10,25 88:21 89:8,12 91:9 138:16
**diagnosis (52)**
19:25 20:25 21:25 22:5,10 23:5 25:12,16 25:18,23 26:2 26:6,12,14,20 27:2,6,8,15 27:22 29:20 43:25 75:10 76:8,25 78:13 78:16,25 80:7 81:15,24 83:2 83:14,17 84:5 84:9,22 85:5 85:15 86:8 87:4,8 89:14 89:15 120:24 129:25 134:5

134:7,17
137:24
140:10
150:18
**dictate (1)**
79:19
**dictated (1)**
55:22
**dictation (1)**
56:5
**difference (4)**
18:9 70:3
93:17 139:16
**differences (1)**
69:16
**different (33)**
8:11 15:5,18
17:2 18:21
34:3 40:18
54:7 58:10
64:18,19,20
64:21 69:2,3
69:6 89:12
90:5 91:10,19
91:20 93:13
94:16 100:4
112:25 121:3
131:10
140:24
141:17,20
143:16,20
144:14
**differently (1)**
79:23
**difficult (3)**
95:12 140:17
140:18
**difficulties (1)**
50:9
**difficulty (1)**
44:5
**direct (1)**
3:18
**directing (2)**
98:8,19
**direction (1)**
3:19
**directly (1)**
94:14
**director (1)**
11:11
**disabilities (1)**
16:4
**disagree (4)**
21:18,19,20
73:5
**disciplinary ...**
13:21
**disciplined (1)**
14:6
**disclosed (1)**
81:22
**discord (2)**
15:11 139:5
**discordance ...**
19:8
**discrepancy ...**
81:5
**discuss (17)**
50:17 51:2,14
52:12 54:18
54:19 60:24
62:11 63:14
73:10,11
112:10 113:7
114:16 115:5
115:13 149:2
**discussed (27)**
51:18 52:20
54:3 63:16,22
72:12 73:21
73:24 74:2,14
77:7 87:5
93:23 94:18
95:5 114:17
115:20
119:24 121:9
121:24 122:5
126:10
128:25
132:10,12
135:15,22
**discussing (3)**
20:2 49:6
54:16
**discussion (20)**
20:15 27:18
44:14,17
49:18,20
60:21 62:7
65:5 68:11,18
68:25 69:24
71:9,10 84:3
84:8 89:6
135:10
151:11
**discussions (...**
43:6 49:11
64:21 69:12
69:13 73:17
87:3 88:18
114:8 115:16
**disorder (25)**
15:6 16:3,10
18:14,18
20:11 28:4,5
28:8,10,15,21
77:14 78:11
79:5 81:16
130:20
134:14
138:22,24
139:10,14,18
139:25 140:8
**disorders (1)**
16:14
**dissatisfactio...**
18:18
**dissolvable (1)**
119:15
**distinction (1)**
113:3
**distress (1)**
19:18
**diverse (1)**
38:3
**divulge (1)**
60:25
**doctor (26)**
23:17 24:2,16
56:23 59:5,17
61:8 62:17
76:23 80:2,6
80:8,23 86:5
87:15 89:8
101:4 102:12
104:11
106:15 110:4
131:12,12
137:15,18
149:22
**document (7)**
53:3,7,8 55:16
63:9 129:25
148:18
**documentati...**
71:15 83:13
99:15 133:12
134:2
**documented ...**
54:8 55:10
64:5,24 65:3
65:19 73:22
111:25 115:8
115:9 116:19
118:25
135:21
**documents (1)**
83:8
**doing (29)**
46:5 50:20
51:10 57:24
57:24 68:15
72:12 80:13
93:11,24
95:22 96:8
100:21
113:14 116:6
116:8,10,11
116:14
117:10
118:19
119:24
123:15 124:5
124:9 125:17
127:11,12
140:6
**dotted (1)**
131:8
**doublecheck ...**
116:4
**Dr (53)**
6:13 32:14,20
33:3,16 34:17
36:20 39:7
42:22 45:4,11
45:12,18,20
46:22 47:14
47:18 75:6,17
75:25 76:8,10
76:12,14,24
78:21,24 79:5
79:22 80:24
81:5,23 82:9
83:4,5 84:3
85:15,25
86:11,11,13
86:16 88:14
97:14 98:25
101:19
115:23
125:24 127:8
127:9 129:21
133:25 134:4
**drains (1)**
116:25
**dressed (1)**
77:11
**dressing (1)**
34:24

**drive (1)**
117:20
**driven (1)**
73:4
**drives (1)**
78:9
**DSM-4 (1)**
19:3
**DSM-5 (4)**
18:13,20,24
30:2
**Duane (4)**
58:9 109:18,21
109:21
**due (2)**
77:17 83:23
**duly (3)**
6:3 153:8
154:1
**dumb (1)**
122:23
**duration (1)**
145:11
**dysmorphia ...**
18:10 19:24
23:9 29:7
65:25 76:9
77:14 78:2
88:4 139:22
140:2,8
**dysmorphic (...**
15:6 16:3,10
18:14,18
20:10 28:8,10
28:15,20
77:13 78:11
79:4 81:16
130:19
134:14
138:21,24
139:10,14,18
139:24
**dysphoria (1...**
15:5,13 16:9
17:8,25 18:10
18:20 19:25
20:6,24 21:16
21:21 22:2,6
22:23 23:6,11
23:13,15,17
25:12,17,18
25:20 26:2,5
26:7,12,14,20
27:6,12,16
28:5,7,16,24
29:19,21 31:7
31:22 32:5
41:20 43:24
75:8,10,18
76:3,11,13,15
76:24,25
77:24 78:10
78:22 79:11
79:25 80:11
80:25 81:4,11
81:20 82:3,10
82:15 83:19
83:23 84:13
84:15,17
85:11 86:2,8
87:2,4,8 88:4
88:15,25
127:19 128:2
128:9,20
129:25 130:7
130:12,15,16
130:22 134:5
134:17,21,23
135:6 137:24
139:3,19,21
139:25 140:9
150:18,20
**dysphoric (2)**
74:18 77:25

**E**

**E (6)**
2:2,2 119:4
152:2 153:2,2
**e-mail (3)**
10:18 86:11,14
**eager (1)**
132:21
**earlier (8)**
31:2,18 127:14
129:6 134:3
135:11
143:17 146:2
**easier (1)**
59:12
**East (1)**
2:19
**eating (1)**
16:14
**edition (3)**
12:15 21:11,15
**educational (1)**
8:19
**effect (1)**
115:2
**effects (1)**
146:2
**eight (2)**
10:10 11:20
**Eighth (1)**
21:10
**Einhorn (40)**
1:8 2:11 32:14
33:16 34:17
45:4,11,12,18
45:20 46:22
47:14,18
75:17,25 76:8
76:10,12,14
76:24 78:21
78:24 79:5,22
81:5,23 83:5
85:15,25
86:11,11,13
86:16 88:14
97:14 98:25
115:23 127:9
129:21
133:25
**Einhorn's (12)**
32:20 33:3
36:20 39:7
42:22 75:6
80:24 82:9
83:4 84:3
101:19 134:4
**either (14)**
19:24 34:2
55:5,11 71:14
79:20 110:17
117:24
118:24 125:4
125:21 136:5
136:10 151:8
**elaborate (1)**
41:10
**electronic (3)**
98:4,20 99:20
**electronicall...**
97:22
**elects (1)**
131:15
**elements (1)**
140:8
**eleven (1)**
11:20
**eliminate (1)**
120:2
**emailed (1)**
5:12
**emotional (5)**
17:23 69:15
73:4,12
116:12
**emotionally (...**
116:10
**empathized (1)**
17:14
**employed (1)**
9:19
**employee (1)**
10:2
**encompasses...**
24:11
**ended (1)**
64:3
**ends (1)**
83:20
**energy (1)**
141:6
**enforce (1)**
3:16
**English (3)**
87:18 88:17,23
**Enlight (1)**
80:23
**entails (4)**
69:5,21,24
115:17
**entertaining ...**
20:7
**entire (2)**
79:10,23
**entity (1)**
15:5
**ERRATA (1)**
154:1
**error (5)**
3:12 55:25
56:6 85:9
92:9
**erythema (2)**
118:17 120:3
**especially (6)**
40:7 43:16
50:8 60:22
106:9 130:15
**ESQ (4)**
2:7,7,13,20
**essentially (1)**
113:22
**esthetic (1)**
9:17
**estimations (1)**
34:4

**estrogen (2)**
146:7 149:3
**et (2)**
37:16,16
**evaluate (2)**
140:23,25
**evaluated (1)**
27:11
**evaluating (1)**
48:14
**evaluation (2)**
49:22 124:8
**event (1)**
30:9
**everybody (2)**
141:16 148:15
**evolved (1)**
18:11
**exact (4)**
67:11 87:10
150:9,11
**exactly (7)**
41:14 45:24
46:3 64:15
65:14 67:19
132:8
**examination ...**
1:15 3:13 4:4,5
4:7,7,10,12
6:6 82:21,22
82:24 83:13
92:25 96:24
121:14 127:6
137:19 150:2
151:2 152:3
**examination...**
83:8
**examine (1)**
118:12
**examined (3)**
4:6,11 6:4
**examining (1)**
3:21
**example (7)**
20:23 27:23
50:19 93:8
94:8 113:18
143:19
**examples (1)**
88:18
**excess (5)**
94:12,14
120:10
123:10
124:15
**excision (5)**
93:12 94:6
95:23 96:5,11
**excuse (3)**
84:21 86:22
130:24
**exhibit (3)**
5:11,12,13
**exhibiting (1)**
17:9
**exhibits (1)**
5:11
**exists (1)**
24:19
**exit (1)**
58:3
**expand (1)**
136:6
**expansion (2)**
136:5,14
**expect (1)**
151:10
**expectations ...**
50:18 151:6
**expected (2)**
116:8 118:21
**expecting (1)**
33:12
**experience (8)**
15:8 44:2,23
128:7,8,19
136:15,19
**experiences (1)**
18:2
**expert (1)**
21:4
**expire (1)**
13:20
**EXPIRES (1)**
154:25
**explain (3)**
69:4,6 98:2
**explained (2)**
72:9 74:2
**explicitly (1)**
82:16
**exploration (2)**
145:9,12
**expound (1)**
35:23
**expounds (1)**
83:19
**express (1)**
5:8
**expressed (1)**
18:22
**extensive (2)**
128:18 145:9
**extent (2)**
3:12 102:18
**extremely (2)**
17:18 77:23

**F**

**F (1)**
153:2
**F40.10 (3)**
79:3 134:10,13
**F45.22 (2)**
79:4 134:13
**fact (13)**
43:5 51:21
63:23 69:17
73:20 80:23
81:2 93:3
95:13 109:10
123:4 140:22
144:5
**factor (2)**
68:2 141:25
**faculty (1)**
10:18
**failure (2)**
4:3,6
**fair (13)**
29:10,22 38:13
38:14 84:5
85:17,18
95:14 111:16
128:18 145:3
145:5 147:16
**fairly (4)**
95:16 121:15
124:5,9
**faith (1)**
107:8
**fall (3)**
39:24,25
145:15
**falls (2)**
40:3 131:6
**false (5)**
59:20,25 60:6
60:7 106:13
**familiar (7)**
18:4 21:11
125:25
131:19
142:21
143:21 144:5
**family (5)**
15:8 18:3 44:3
114:13
145:10
**far (43)**
8:4 14:15 15:4
16:20 17:11
19:6,14 25:22
31:5 36:24
39:4,11 44:2
44:4 50:18
52:24 53:23
54:3 61:5
62:4 64:25
68:8,11 69:11
70:23 72:12
93:6 94:9,18
94:19,21 96:3
112:25
114:21
115:18 120:3
122:3,9 142:2
142:16,19
143:5 151:6
**farfetched (1)**
34:11
**fast (2)**
7:23 148:5
**fat (2)**
123:3 136:10
**father (2)**
17:20 114:5
**features (1)**
38:22
**feel (25)**
15:11,14 18:6
19:8,16 27:16
29:2 40:9,14
40:21 42:12
43:17 49:5,9
61:14,25 81:4
84:9 86:17
108:14 117:9
118:19
131:10 139:9
142:22
**feeling (4)**
19:6,17 34:16
34:22
**feelings (2)**
19:15 62:20
**feels (2)**
40:8 44:15
**fellowship (4)**
9:13,16,17

13:18
**felt (21)**
17:13 27:10 29:15 32:18 32:21,22 33:2 76:12 77:5,6 77:21 81:3,25 84:3,11,16 116:11 124:9 128:3 132:23 132:24
**female (8)**
17:13 19:17 30:25 31:17 32:3 52:5 77:21 113:11
**females (2)**
113:13 138:11
**fibrous (1)**
95:14
**FIEDLER (1)**
2:4
**field (1)**
40:7
**fifteen (2)**
11:21,21
**figure (2)**
34:3 84:10
**filing (1)**
4:10
**filled (1)**
39:13
**final (1)**
130:17
**find (4)**
79:13 90:3 100:22 110:14
**findings (4)**
53:9 82:20,22 82:24
**fine (5)**
9:4 41:8 58:13 116:11,14
**finish (12)**
7:25 35:8 57:4 57:12,17 67:5 79:17 88:8,10 88:11,13 126:24
**finished (2)**
9:24 13:20
**finishes (1)**
14:3
**finishing (1)**
111:5
**firm (2)**
71:25 95:16
**first (54)**
6:3 7:17 9:13 9:20 13:8,10 13:11,12 14:10,13 15:2 24:16 33:4 35:5 41:15 45:13 46:14 46:17,20 48:12 53:2 55:6,11 56:10 56:12 57:2 59:23 62:15 68:4 69:5 71:18 72:16 73:12 74:10 80:3 81:22 85:18 88:24 99:7 108:15 112:4,5 115:25 116:24 119:24 121:23 127:17 132:2 134:8 137:22 145:22 146:4 146:13,16
**five (10)**
6:14 7:10 11:19 29:24 45:21 46:8,10 85:23 126:13 128:14
**five-minute (1)**
80:20
**fix (2)**
81:5 95:2
**flap (1)**
136:10
**flaws (1)**
18:17
**Floor (1)**
2:12
**focus (1)**
18:16
**folks (2)**
15:15 17:5
**follow (8)**
23:20 32:8 122:16 125:9 127:13 131:24 143:11,22
**follow-up (2)**
117:3 149:25
**following (1)**
154:2
**follows (1)**
6:5
**foregoing (1)**
153:9
**form (19)**
3:12 24:20 34:6 39:11 43:10 56:18 61:6,8,13 64:13 75:20 78:18 82:12 84:25 102:14 110:6 124:12 131:16 146:25
**formally (2)**
29:12 122:3
**forming (1)**
21:22
**forms (2)**
133:17,18
**formulate (1)**
82:25
**forth (6)**
3:17,25 95:19 117:21 122:6 153:8
**forward (36)**
20:6 22:16 29:3,8 33:9 40:15 42:14 43:16 44:16 61:5,24 62:22 63:5 64:2 68:8,16 69:20 70:20,25 71:4 71:21 72:2,13 95:24 114:14 114:15,17,23 132:21 133:2 135:23,25 138:8 142:16 148:6 149:12
**foundation (1)**
24:4
**four (12)**
6:23 11:19 12:13,14,16 32:9 33:7,15 34:14 71:20 92:8,13
**fourteen (1)**
11:21
**Fox (4)**
1:5 46:15 48:7 52:23
**frame (1)**
87:13
**framed (1)**
3:10
**free (2)**
86:17 108:14
**frightened (1)**
15:10
**front (10)**
7:21 39:5 61:2 100:18 101:10,15,20 110:10 144:16 145:5
**full (1)**
144:22
**fully (5)**
31:7 32:6 145:15 146:2 146:5
**funny (1)**
79:13
**FURMAN (1)**
2:10
**further (16)**
5:11 28:22 31:5 63:17 64:6 73:11 96:5,11 112:16 114:6 114:8,20 125:3 137:16 147:19 153:11
**Furthermore... (1)**
77:20
**future (1)**
115:3

**G**

**gaining (1)**
71:12
**gears (1)**
150:16
**gender (144)**
11:24 12:19 14:12,23 15:4 15:13 16:9

17:8,25 18:10
18:20,22
19:24 20:5,6
20:24,24
21:16,21,25
21:25 22:5,16
23:6,8,12,15
23:17 25:12
25:17,18,20
26:2,5,7,12
26:14,20 27:6
27:12,15 28:5
28:7,15,24
29:7,20 31:3
31:7,19,22
32:5 38:2
40:20 41:20
43:24 44:20
44:25 45:16
45:19,21 46:5
50:14 63:13
63:21 65:25
68:12,23 69:5
69:8,11 73:8
74:17,25 75:2
75:8,10,18
76:2,9,11,13
76:15,24,25
77:24,25
78:10,21
79:11,25
80:11,25 81:4
81:11,20 82:3
82:9,15 83:19
83:23 84:12
84:15,17
85:11,25 86:8
87:2,4,5,8
88:4,14,25
89:2 99:9
112:9,24
113:17
127:19 128:2
128:9,19
129:25 130:7
130:12,14,16
130:22 134:5
134:16,21,23
135:6 136:16
137:24 139:3
139:14,18,21
139:25 140:8
150:18,20
**gender-affir...**
37:25
**general (17)**
9:8,10 23:24
24:10 29:19
31:5 37:2,6,8
60:20 91:22
93:21 112:12
122:8 136:23
138:13
143:23
**generally (19)**
27:25 45:5
48:17 55:17
71:2 78:3,4
82:19 83:3
87:20 97:2
108:17
113:10,14
116:6 118:19
119:5 138:10
150:7
**genital (1)**
143:18
**getting (3)**
16:21 90:15
104:3
**give (12)**
8:2 26:3 31:16
52:18 61:21
69:23 91:21
102:23 122:7
122:8 126:15
126:25
**given (7)**
3:7 32:7 78:6
81:12 84:23
130:15
153:10
**gives (2)**
23:2 141:14
**Giving (1)**
141:5
**glad (2)**
100:24 108:8
**glandular (1)**
95:16
**GnRH (2)**
146:6 149:2
**go (72)**
8:20,24 9:2
16:22 17:12
18:12 19:10
20:22 23:4
30:14 31:16
33:8 36:9
40:15 42:14
43:16 44:16
48:14 50:7
56:14,19 57:5
57:14 58:19
61:24 62:22
63:5,25 67:6
68:16 71:21
72:10,14
73:14 74:6
82:17 88:11
89:3,23 90:16
90:17,24 92:4
93:25 94:11
94:13 96:14
98:9 99:4
100:23
104:11
105:12
108:23
111:11
114:14,15,17
115:13
119:16 123:3
131:17
132:21 133:2
135:17
141:15 144:4
145:4 146:14
146:15,18
148:2,6
**goes (11)**
8:10 16:20
49:22 77:12
88:17 94:21
96:21 121:16
122:15
134:20
145:13
**going (68)**
9:24 15:20
21:8,13 22:16
23:4 28:6
29:2,7 31:25
35:20,23
45:23 51:22
51:23 57:10
58:25 59:13
61:5,21 62:9
68:8,24 69:8
69:19 70:5,7
70:20,22,25
71:4 72:2,13
72:14 73:7
74:23,24
75:19 76:17
76:21 85:23
86:3 89:20
90:18 94:10
95:19 97:9
100:21
104:10
105:19 106:2
106:12
108:11 110:5
114:23
122:14,15,16
131:15
135:19,23
136:17 138:8
140:5 142:2
142:16
149:12
150:16
**good (13)**
6:13,16 43:15
90:2 96:4,11
107:8 122:24
123:25 124:5
124:10 127:8
128:19
**Google (1)**
45:9
**graciously (1)**
88:12
**graduate (1)**
8:21
**graduated (6)**
8:23 9:5,7,12
9:16,18
**gravity (1)**
71:3
**great (8)**
6:14 28:6
58:16 124:10
124:11,18
127:11
135:17
**grounds (1)**
3:25
**group (6)**
9:21,22,23
45:7,15 84:13
**growth (1)**
96:4
**guarantee (2)**
51:22 96:6
**guarded (1)**
92:8
**guardian (1)**
20:18

**guess (5)**
14:25 46:2 47:25 136:21 140:7
**guessing (1)**
21:12
**guide (1)**
15:21
**guideline (4)**
25:3 146:17,24 147:7
**guidelines (15)**
15:19 21:7 34:21 131:20 131:23 142:22,23 143:2,23 144:7,17 147:12,13,15 147:23
**guy (1)**
108:18
**Guys (1)**
109:5
**gynecomasti...**
52:12 113:18

**H**

**H (9)**
1:8,16 2:18 6:2 6:2,9 151:19 154:1,1
**half (1)**
34:13
**hammer (1)**
51:25
**hand (3)**
9:14 12:25 13:5
**handwriting ...**
98:16,17,18
**handwritten ...**
97:18
**Hang (1)**
48:4
**happen (3)**
57:11 111:13 111:13
**happened (5)**
55:25 81:21,23 125:6,20
**happening (1)**
37:6
**happens (5)**
61:9,11 79:12 96:10 109:22
**happy (11)**
7:15,18 105:16 120:10 121:13 123:23 124:18,22 125:14 139:4 145:6
**hard (5)**
52:7 58:8 100:17,22 148:5
**Harvard (2)**
8:22 9:5
**harvest (1)**
136:9
**harvested (1)**
94:4
**he/she (1)**
35:24
**heal (1)**
119:23
**healing (1)**
122:9
**health (28)**
21:9 22:11 26:8,10,18 27:10,13,17 29:9 32:10 34:10 39:25 42:7 43:23 75:11,13 78:14 79:8 82:7 83:22 85:15,21 128:22 129:13 138:7 140:12 144:10 151:12
**healthcare (7)**
42:5,9,14 44:24 47:6,15 129:10
**HealthPlus (3)**
103:5,7,14
**hear (4)**
42:19 107:3 142:8,11
**heard (1)**
103:9
**held (2)**
1:17 11:5
**help (5)**
15:21 78:8 81:14 120:4 151:11
**helped (1)**
130:11
**helpful (4)**
22:7 37:22 48:18,22
**helps (2)**
23:5 91:16
**hereinbefore...**
153:8
**hesitation (1)**
135:23
**hey (2)**
23:3 28:18
**hilarious (1)**
100:23
**history (23)**
15:3 20:15 26:21 29:2,16 29:23 33:4,14 50:25 53:4,15 53:18 54:21 62:24 75:6,14 82:20,21,23 83:5,12 96:23 99:8
**Hofstra (2)**
10:13 11:10
**hold (3)**
10:4 24:14 72:15
**hole (2)**
90:11,12
**home (6)**
16:6 17:7 18:5 52:2 73:4 78:10
**hope (2)**
77:18 142:19
**hopefully (2)**
22:10 126:24
**horizontal (1)**
38:24
**hormonal (1)**
53:21
**hormone (14)**
32:12 51:2,4,7 53:24 54:14 54:16 138:9 144:12 146:20 147:20 148:10,16 149:4
**hormones (1)**
148:8
**hospital (6)**
10:16,20,22 11:6 39:10 114:5
**hospitals (1)**
14:8
**hours (1)**
85:23
**Houston (1)**
16:5
**Hromadka (3)**
1:19 153:4,18
**huge (1)**
135:18

**I**

**idea (2)**
90:22 100:3
**Ideally (1)**
49:6
**ideas (1)**
15:16
**identified (4)**
32:23 77:7 80:11 95:14
**identifies (2)**
80:7 83:14
**identify (2)**
118:14 121:10
**identity (3)**
5:7 19:13,14
**ii (1)**
3:16
**iii (1)**
3:17
**illness (1)**
99:8
**impact (2)**
17:24 114:16
**implant (2)**
136:6,8
**implants (1)**
136:14
**importance (4)**
8:5 50:4 52:12 113:14
**important (13)**
15:17 21:21 38:23 43:11 44:13 49:24 52:6 95:7,7 113:7,23

127:24 142:13
**impossible (3)** 76:18 109:6,7
**impress (1)** 73:2
**impressing (1)** 71:3
**impression (3)** 73:13 124:4 132:20
**improper (1)** 3:17
**improve (1)** 119:3
**inaudible (2)** 77:8 94:24
**incision (3)** 94:8 121:16,18
**include (8)** 3:11 21:22 25:20 26:2 39:8 76:25 101:11,21
**includes (2)** 102:5 146:20
**including (5)** 43:19 72:9 80:25 112:11 146:6
**incongruenc...** 18:21 19:7
**inconsistenc...** 8:13
**inconsistent ...** 85:6
**incorporate (...** 104:8
**incorrect (1)** 147:17
**increased (1)** 77:16
**increases (1)** 94:11
**independent ...** 29:5 52:23 53:17 54:23 64:8 65:4 114:3 117:23
**independentl...** 127:18
**Index (1)** 1:6
**indicated (15)** 40:10,14,21,25 41:5,6,12,21 42:13 83:5 129:8,18,19 132:12 138:18
**indicates (1)** 47:6
**indication (2)** 106:20 140:2
**indications (8)** 41:16,17,18,22 41:25 42:4 43:7 129:7
**individual (1)** 141:3
**infection (4)** 69:10 72:9 118:18 119:5
**inferior (1)** 120:13
**information ...** 38:7,13 69:23 82:25 85:13 99:19 101:20 101:22 102:7 102:13,14 131:14 140:21,23,25
**informed (5)** 31:8 32:6 68:17,25 135:9
**initial (6)** 49:12,15,21 54:20,21 61:9
**initially (4)** 48:15 62:2 65:17 67:13
**injection (1)** 119:25
**input (1)** 141:23
**insist (2)** 44:18 62:10
**insisted (2)** 132:22 133:4
**instituted (1)** 51:3
**institutionali...** 16:4
**institutions (1)** 10:12
**instructing (2)** 80:14 148:24
**instrumental...** 43:8
**insurance (14)** 83:25 99:12,16 101:5,12,22 102:13 103:2 103:11,19 133:8,11,18 133:22
**insured (1)** 102:25
**integrated (1)** 9:11
**interact (2)** 44:5 87:20
**interaction (1)** 22:13
**interactions (...** 78:23
**interested (5)** 109:4 123:14 148:9,17 153:13
**interesting (1)** 37:5
**interfere (1)** 3:14
**interior (1)** 118:16
**international...** 141:13
**interpret (1)** 86:3
**interpretatio...** 34:20 130:13
**interpreted (1)** 144:13
**interrupt (1)** 3:23
**interrupting ...** 79:18
**interruption ...** 85:20
**intervention ...** 50:16 146:20 147:10
**interventions...** 31:21 144:6,18 145:7,8,14,16 145:17,18,18 146:3,5
**interview (1)** 130:10
**introduce (1)** 123:25
**introducing (...** 122:3
**invested (1)** 141:25
**investigate (1)** 28:21
**involve (3)** 7:3 129:13,15
**involved (1)** 64:10
**involving (3)** 14:22 18:15 39:14
**irregularity (...** 3:12
**irreversible (3)** 145:17,18 147:10
**Isabella (10)** 46:16 53:4 63:24 65:18 67:8,13 68:8 70:17 78:23 88:19
**issue (4)** 16:17 62:2 103:16 140:5
**issues (8)** 14:12 17:7 40:20 44:25 51:2 89:12 123:24 145:10
**item (1)** 98:5
**items (1)** 84:4

**J**

**JAMA (2)** 37:24 38:8
**January (7)** 117:4,5,5,6,9 117:25 118:3
**John (21)** 2:20 12:4 39:17,18 57:8 57:25 58:6 59:13 67:3 89:18 90:6 99:25 100:2 100:17 102:19 106:4 107:12 108:3 108:22 109:10

110:13
**joke (1)**
90:18
**journal (4)**
37:17,18 38:9 38:19
**judgment (1)**
85:14
**judgments (1)**
142:20
**JULIA (1)**
2:7
**jump (2)**
31:25 95:24
**June (1)**
34:18

**K**

**Karan (1)**
38:4
**Katonah (1)**
6:11
**keep (7)**
23:13 52:6 89:19 100:11 110:5 113:21 145:22
**keeping (2)**
52:13 95:9
**keloid (1)**
119:6
**KENNETH (...**
1:8 2:11
**kids' (1)**
111:17
**kind (9)**
17:14 22:24 50:16 62:8 71:6,16 96:14 141:18 143:16
**Kisco (4)**
9:20 10:16,23 11:2
**knew (2)**
47:13 85:4
**know (214)**
8:9 15:6,10,15 16:14,14,21 16:22,23,24 17:6,11,12,14 17:17,18,22 18:13 19:13 19:15,17 20:8 20:16,17 21:10,11,12 21:14 22:4,10 22:19,20,22 25:21 29:14 29:16 30:5 34:7,7,15,19 34:24 35:4,22 36:3,4,14 37:3 38:19 39:4 41:19 42:11 43:12 43:14,22,23 43:25 44:11 45:7,12,13,17 45:22 46:2 49:2,24 50:7 50:15,22 51:9 51:15,20,21 52:21 55:7,18 58:4 62:19,24 63:23 64:15 64:19 65:23 67:10,19 68:7 68:10 70:4 72:3 79:13,15 79:19,20,22 80:3,5 83:16 84:14,22 85:9 85:9 86:5,9 87:5,12 88:5 88:13,13,17 88:20,20 89:19 90:10 91:10 92:11 92:15,17,21 94:10 96:9 97:4,17 98:2 98:7,10 100:11,15 101:7,16 104:13,14 105:9,13,15 105:20 106:3 106:13 107:24 108:2 108:3,4,5,6,6 108:10 109:4 109:5,6,15 113:2,10 115:7 116:12 116:21 117:15,18,20 119:4 120:3 120:19 121:4 121:5,12 122:4,4,7,9 122:19 123:16,17,18 123:20,22,24 124:14,15,16 124:17,17,20 124:22 125:3 125:5,9,12,12 125:15,19 129:14 132:23,24 134:21 135:24 136:23 139:8 139:9,10 140:5 141:4,9 141:12,25 142:4,10,10 142:14,15 143:5,11 144:20 146:12,20 150:9 151:7
**Kornfeld (22)**
2:10,13 26:24 42:18 66:2,8 66:12,16 91:23 102:25 103:10 126:17,25 127:7,9 137:15,21 146:25 149:24 150:3 150:24 152:5

**L**

**L (1)**
3:2
**L-A-K-A-T-...**
38:18
**laid (1)**
143:2
**Lakatta (1)**
38:18
**language (1)**
72:19
**larger (2)**
97:2 120:23
**laser (1)**
123:2
**lasted (1)**
19:19
**lasts (1)**
48:17
**latest (1)**
18:24
**Latin (2)**
87:17 88:21
**laugh (1)**
100:25
**Laurel (1)**
126:3
**law (1)**
5:9
**Lawrence (5)**
46:24,25 47:7 47:10,16
**leads (1)**
103:23
**learned (7)**
14:25 15:7,16 15:23 16:19 16:20 17:23
**leave (3)**
49:4 50:7 113:4
**leaving (4)**
52:13 77:22,22 113:2
**left (11)**
49:21 55:23 58:15 86:11 98:16 112:17 113:16,21 120:11,16 123:11
**left-hand (1)**
97:19
**legally (2)**
141:22 142:17
**LegalView/Z...**
5:5
**length (1)**
54:3
**let's (15)**
12:12,13 19:12 19:14 24:23 28:3,8,8 37:24 46:13 62:25 68:22 92:4 95:24 110:5
**letter (58)**
25:19,24,25 27:24 28:22 29:9,15,21 32:20 33:16 36:20 39:7 42:10 47:17

47:19,23 48:8 75:6 76:14 77:2,4 78:14 78:20 79:10 79:15,22,24 80:3,4,6,7,24 81:2,10,18 82:2,9,15 83:4,22 84:4 84:12 85:7,10 85:10 86:12 86:16 97:13 98:11 101:19 129:21,24 130:6,9,14 133:24 134:4 138:16
**letting (2)**
35:15 88:12
**level (1)**
143:16
**Lexitas (1)**
5:5
**license (1)**
13:22
**licensed (1)**
13:13
**licenses (1)**
13:20
**limitation (1)**
3:16
**line (4)**
96:19 99:7 131:9 154:5
**lines (2)**
71:2 138:14
**lingo (1)**
87:11
**liposuction (...**
93:8,24 94:8 94:23 95:17 95:18,21,23 96:9,13 122:2 122:22,23 123:2
**list (1)**
112:11
**listen (1)**
58:9
**listening (2)**
89:22 105:14
**literature (3)**
11:15,23 149:9
**litigation (3)**
5:9 6:24 7:2
**little (18)**
15:9 18:12 20:14 36:21 46:14 54:7 69:23 118:17 119:21 120:10,12,16 120:19 121:5 121:7,8,17 123:12
**live (1)**
70:23
**lives (1)**
111:17
**living (5)**
31:2,19 34:25 36:12 50:13
**LLP (2)**
2:4,10
**locations (1)**
5:4
**locker (1)**
51:20
**LONDON (1)**
2:7
**long (9)**
7:15 26:21 32:17 34:16 64:21 91:18 132:7,8 138:3
**longer (1)**
34:12
**look (15)**
7:19 12:13 37:5,9,20,21 44:22 45:6 77:3 88:24 96:23 111:11 123:14,22 147:19
**looked (9)**
12:7 37:2,8,10 37:14 38:17 52:24 53:2 77:10
**looking (5)**
32:24 38:23 95:12 97:3,13
**looks (5)**
16:13 52:8 90:24 97:18 117:3
**loss (1)**
28:12
**lost (5)**
14:7 56:5,7 58:21 125:21
**lot (15)**
15:15 16:3 22:17 33:10 71:22,24 74:22 75:2 95:9 115:19 125:16 129:20 135:23 139:7 141:5
**lots (2)**
15:17,19
**low (2)**
70:13 120:12
**lower (4)**
120:11,19 121:5,15

**M**

**M (5)**
1:19 6:2,2 153:4,18
**M.D (151)**
1:8,16 2:18 6:9 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1 134:1 135:1 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 146:1 147:1 148:1 149:1 150:1 151:1 151:19 152:4
**Main (1)**
2:5
**maintain (1)**
85:24
**majority (4)**
16:25 20:19 32:7 143:5
**making (1)**
86:10
**male (13)**
17:15 30:25

31:17 32:3,3 32:23 52:5 72:8 77:7 97:3 113:10 113:11 138:4
**malpractice (...** 7:3
**manifested (1)** 16:13
**manifesting (...** 19:7
**manner (1)** 5:7
**marked (3)** 5:11 18:21 19:7
**marriage (1)** 153:12
**MARTIN (1)** 2:17
**mastectomy ...** 32:2
**match (1)** 84:4
**matches (1)** 84:8
**matching (1)** 22:22
**material (7)** 36:17 39:5 60:22 89:23 89:25 98:13 101:2
**materials (2)** 12:10 39:8
**matter (1)** 153:14
**mature (1)** 141:4
**mean (21)** 34:7 41:18 45:24 53:20 61:20 67:11 87:9 90:23 93:20 94:22 96:6,21 121:19 125:11 126:13 128:14 131:6 136:21 139:15 142:10 150:7
**meaning (4)** 19:10 52:6 96:13 145:19
**means (7)** 91:15 98:2,6 98:10,14 120:15 121:20
**meant (4)** 50:23 79:22 112:21,21
**meat (2)** 87:19 89:5
**med (2)** 88:22 91:11
**mediated (1)** 70:9
**Medicaid (1)** 103:5
**medical (17)** 1:9 2:18 7:3 8:24 9:20,21 9:22 31:21 32:10 51:2 87:11 88:21 89:12 91:11 91:12 98:20 99:20
**medically (2)** 141:22 142:17
**medicine (7)** 9:6,8 10:7 11:9 13:13,23 37:18
**meet (3)** 146:23 147:15 151:6
**meeting (3)** 5:5 23:2 33:5
**melt (1)** 123:3
**member (1)** 25:7
**men (2)** 97:3 113:19
**mental (33)** 16:3 22:11 26:8,10,17 27:10,13,17 29:9 32:10 39:25 42:7,9 43:22 44:16 44:23 62:6 75:11,13 78:14 79:8 82:7 83:22 85:15,21 128:22 129:9 129:13 138:6 140:11 142:12 144:10 151:12
**mentally (1)** 132:25
**mention (3)** 24:12 88:25 143:15
**mentioned (1...** 7:23 11:8 17:6 34:16 42:16 53:21 63:3 69:12 75:4 95:18 115:14 121:6 123:12 129:6 135:13 138:15 140:15
**met (5)** 34:22 84:17 130:22 142:25 147:13
**method (2)** 38:21 51:11
**methods (1)** 51:14
**microsurger...** 9:14
**middle (1)** 83:18
**millimeter (1)** 121:8
**millimeters (3)** 96:20,25 97:8
**mind (2)** 29:25 139:16
**mine (3)** 97:18,18 100:4
**minor (22)** 43:6 44:14 48:18 49:12 52:11 59:18 60:14 61:3,15 61:18,20 62:14 69:19 88:2 123:24 140:23,24 141:20 142:2 142:6,18 143:11
**minors (3)** 70:14 141:4,7
**minus (1)** 79:24
**minute (1)** 37:21
**minutes (9)** 6:14 48:17 49:20 91:23 126:18,18,21 127:2 132:4
**mirror (1)** 77:10
**mirrors (1)** 136:22
**misalignmen...** 139:5,15
**mischaracter...** 105:25
**misdated (2)** 107:24 110:17
**misgendered...** 77:9
**misidentity (2)** 74:25 78:4
**mistake (1)** 109:19
**modalities (1)** 119:3
**model (1)** 9:12
**mom (2)** 56:9 66:18
**moment (1)** 150:16
**month (1)** 70:18
**months (16)** 19:2,4,4,6,19 30:2,3 33:2 33:17,18,19 33:23 122:14 122:17 123:16,20
**mood (1)** 77:16
**mortality (1)** 44:12
**mother (56)** 33:21 55:7,8 56:11,13,15 60:4,9 62:25 63:3,7,14,18 63:19,20,25 64:4,11,17,22 65:2,9,16,20

65:23 66:7,20 67:8,12 68:13 73:10 104:7 106:18 110:7 111:22 114:4 114:13 115:6 116:21 117:15,25 118:24 121:10 125:4 126:9 127:22 129:2 130:11 132:3,7,13 135:10,16 137:23 150:6 150:12
**mother's (4)**
62:20 65:24 67:23,25
**motion (1)**
4:5
**Mount (7)**
9:20 10:7,16 10:22 11:2,9 17:21
**move (4)**
4:4 8:21 89:21 132:21
**Moving (1)**
145:23
**multi (2)**
29:16 111:6
**multiple (1)**
52:3
**muted (1)**
90:21

**N**

**N (5)**
2:2 3:2 6:2,2 152:2
**NAC (2)**
96:24 97:4
**NACs (1)**
97:2
**name (7)**
6:8,16 45:13 97:23 122:25 125:25 127:8
**named (1)**
63:25
**nationally (1)**
38:8
**natural (1)**
95:12
**nauseam (1)**
122:4
**navigate (1)**
43:12
**near (2)**
15:4 90:15
**necessarily (3)**
20:12 134:19 143:24
**necessary (4)**
31:4 43:9 81:7 154:3
**necessitate (1)**
97:6
**necrosis (1)**
112:16
**need (24)**
5:6 7:14,19 25:24 28:21 43:17 80:15 80:19 89:21 90:13 91:23 96:4,11,17 106:11 110:4 111:18 112:16 114:6 131:12,13 137:12 141:22 142:4
**needed (1)**
63:5
**needing (1)**
52:14
**needs (1)**
44:11
**Neil (4)**
2:13 90:21 126:16 127:9
**Neither (1)**
80:10
**never (14)**
11:11 14:5,5,9 57:9,11 76:2 78:16 98:24 103:9 105:23 108:24 109:14 110:24
**new (26)**
1:2,20 2:6,12 2:12,19,19 6:4,11 9:18 10:23 11:2 13:14,25 17:2 17:3 24:8,23 45:25 56:20 89:23 90:3 95:11 143:7 144:3 153:5
**nice (1)**
108:18
**niece (6)**
17:8 43:14 44:4 61:22 62:9,15
**nine (2)**
11:20 123:15
**nipple (20)**
52:5,7,8,8,13 95:4,6,9,12 95:15 97:5 112:15,15,18 113:22 120:11,18 121:2,18,21
**nipple-areol...**
96:22,25
**nipples (1)**
112:20
**nonconformi...**
14:23
**nongender (1)**
70:4
**Northern (8)**
10:15,22 11:6 102:2,6,9 137:3,8
**Northwell (1)**
10:14
**Notary (6)**
1:19 4:6 6:3 151:25 153:5 154:25
**note (23)**
23:13 47:3 49:14 53:3,9 53:12,16,25 55:23,24 72:14,16,19 73:7 74:24 88:24,24 112:4,5 115:10 116:12,15 133:3
**noted (3)**
3:7 93:4 151:16
**notes (18)**
36:19 39:9 53:6 55:19 73:14 79:19 82:18 98:13 101:18,18 102:16,21,24 103:18 115:8 117:18,23 126:22
**notices (1)**
77:19
**November (9)**
32:21 77:5 81:21 95:25 99:4,5,6,7 104:19
**Nowadays (1)**
131:13
**number (4)**
71:15 77:4 79:3 112:11
**numbers (2)**
150:9,11
**numbness (2)**
112:15,19
**nuts (1)**
87:19
**NYU (8)**
9:17 14:19,21 15:2,24 16:18 17:4 18:2

**O**

**O (2)**
3:2 6:2
**oath (1)**
5:6
**object (6)**
4:3 75:19 78:18 84:25 124:12 146:25
**objecting (1)**
30:21
**objection (20)**
3:10 4:4 26:9 26:24 30:13 34:5 49:14 54:12 56:17 64:12 66:2 76:4,16 80:12 82:11 104:6 105:9 133:3 146:8 147:5
**objections (2)**
3:6,8

**obligation (2)**
29:6 135:5
**obliging (1)**
110:13
**obsessive-co...**
18:16
**obtain (5)**
61:12 99:16
133:12
140:24,25
**obtained (1)**
53:19
**obvious (1)**
62:5
**obviously (15)**
18:6 22:12
36:16 38:10
53:7 55:14
56:13 62:9
70:24 74:11
93:13 125:19
141:12
142:21
145:19
**occasions (1)**
6:22
**occur (1)**
145:24
**October (21)**
46:18 47:3,20
53:3,12,16,19
59:23 71:19
74:13,16
75:25 76:8
86:7 92:4
97:23 98:12
98:15 104:19
127:17 132:2
**offensive (1)**
108:16
**offer (2)**
148:3,7
**offhand (2)**
37:20,20
**office (8)**
39:12 60:24
98:20 99:25
100:13
106:10
133:11,15
**officer (2)**
3:7 5:5
**oftentimes (2)**
94:4 125:11
**oh (10)**
19:15 28:3
38:17 39:17
45:6 47:9
70:17 126:5
128:14 131:2
**okay (14)**
12:14 35:25
36:9 71:19
72:5 91:14
92:6 96:2
100:14,17
107:2 110:16
145:3,20
**omission (1)**
85:8
**omitted (2)**
79:21 81:24
**oncological (1)**
52:9
**one-stage (7)**
73:23 93:14,18
94:13,17,25
97:11
**ones (3)**
11:8 18:22
40:4
**ongoing (1)**
77:14
**open (4)**
7:16 119:21,23
145:22
**operate (1)**
62:9
**operated (1)**
32:25
**operating (2)**
111:3,7
**operation (9)**
43:10 65:17
94:19 96:8
111:11 113:8
140:6,6,6
**operations (1)**
94:20
**operative (3)**
112:4,5 114:2
**opinion (11)**
22:2 29:4,7
55:21 62:4
125:22
129:17
130:21 134:4
134:7,24
**opposed (6)**
29:23 69:13
84:23 100:20
122:22
124:11
**opposite (1)**
34:25
**optimized (1)**
122:12
**option (3)**
121:24 132:11
132:15
**options (11)**
22:20 51:10,24
63:14 72:11
72:12 73:10
129:3 136:12
145:22 148:8
**Optum (3)**
9:22 10:2 39:9
**order (10)**
1:18 3:17 25:9
43:15 44:20
63:4 99:16
100:4,5 148:6
**organization...**
25:7 141:13
**original (2)**
4:7,10
**orthopedic (1)**
9:14
**outcome (1)**
153:13
**outlined (2)**
114:18 145:11
**overall (4)**
120:9 121:12
123:15
124:21
**overly (1)**
91:19
**oversized (1)**
77:18

**P**

**P (3)**
2:2,2 3:2
**P.C (4)**
1:8,9 2:11,18
**p.m (10)**
1:13 43:4,4
80:22,22
91:25,25
127:5,5
151:16
**pad (1)**
23:14
**page (14)**
30:24 31:6,15
32:2 39:20,21
61:4 66:23
143:14
144:17,17
145:6 152:3
154:5
**pages (3)**
100:8 145:2,4
**pain (1)**
77:17
**paperwork (1)**
39:12
**paragraph (7)**
73:12 81:12
83:18,20
112:4 114:2
134:9
**paragraphs (2)**
85:14,19
**paramount (2)**
113:9,15
**pardon (3)**
72:2 83:21
85:20
**parent (33)**
43:11 48:19,19
48:22,23 49:2
49:3,6,13,18
50:7 55:15
56:3 59:18
60:5,12,17,18
60:20,23 61:3
61:4,5,18,19
62:11 67:20
69:19 92:15
129:15 131:9
142:14,15
**parental (5)**
43:9,15 137:9
141:23
143:12
**parents (19)**
33:8 44:15,15
50:6 54:4
55:5,11 61:2
61:16,23 62:3
62:8 65:18
66:14 71:21
92:15,16
104:5 145:25
**part (11)**
10:14 49:15
54:20 62:6

64:23 127:21 132:18 135:19,23 141:8 144:3
**partially (2)** 145:16 146:19
**participants ...** 24:11 42:7
**participating...** 5:4 46:5
**participation...** 77:8
**particular (5)** 16:17 37:11,12 72:7,25
**parties (7)** 3:3,5,24 5:2,8 5:14 153:12
**partner (1)** 108:24
**parts (1)** 87:17
**party (3)** 3:21 6:24 7:2
**pass (1)** 13:10
**passed (2)** 13:7,12
**pathology (1)** 120:24
**patient (159)** 14:11 20:3,4 20:18 22:14 22:25 23:2,18 25:16 26:5,11 26:22 27:5,7 27:11 28:4,9 28:11,12,12 28:18 29:6 34:2 39:23 40:4,6,8,12 40:21 41:13 41:15,17,21 41:24 42:3,7 42:11,13 43:5 43:19 44:8,25 48:3,12,15,16 48:18,24 49:9 49:23 50:2,6 50:12 52:4,5 52:5,17 60:23 61:15 63:7,12 63:19 66:6,17 69:2,18,19,22 72:20 73:8 74:13,16,17 74:22 75:8,15 75:17,25 76:2 76:7,9,11,13 76:15 78:13 78:15,21 80:8 81:3,19 82:3 82:3 83:6,9 83:10,14 84:14,16 85:11,16,25 86:7 87:4,7 87:22 98:25 99:8 106:18 106:21 111:22 112:6 114:13 115:5 115:13,16 116:2,4 119:14 126:9 127:18,22,25 128:23,25 129:4,9 130:6 130:10,12,21 131:6,8,14,15 132:3,7,11,13 135:6,10,16 136:9,11,13 136:14 137:22,23,25 140:11,18,22 143:10 148:4 148:7,9 150:6 150:12,20,21
**patient's (3)** 44:12 106:21 110:7
**patients (41)** 14:23 15:10,22 16:9 19:23 22:18 24:17 30:25 31:17 32:4 36:4 43:24 44:3 45:14,15,17 51:6,12 66:3 66:13 68:18 71:10,17 78:2 78:5 87:12,21 125:13,17 128:8,13 131:11,16 134:16,21 139:3,7 149:10,12 150:13,17
**pediatric (2)** 37:17,17
**pediatrician ...** 47:2,9,10,12
**Pediatrics (2)** 37:24 38:8
**peer (1)** 77:21
**peer-reviewe...** 11:15,21,23
**peers (1)** 77:9
**people (8)** 51:5 89:3 91:20 94:4 122:25 141:19 142:10 149:6
**perceive (2)** 18:19 139:6
**perceived (3)** 18:16,22 74:25
**percent (19)** 16:8 43:24 51:5 55:4 70:11 81:10 82:14 84:12 85:7 111:14 113:6 114:14 114:15,23 130:16 134:4 134:6 149:6 150:4
**percentage (4)** 70:10,12 149:5 150:13
**Perfect (2)** 8:18 13:9
**perform (4)** 36:22 40:22,24 41:4
**performance...** 58:5
**performed (6)** 14:11 128:3,13 131:18 137:2 137:4
**performing (7)** 21:23 58:7 129:18 134:25 135:6 137:7,13
**period (5)** 32:24 33:20 34:25 49:4 128:12
**permanency ...** 71:4 73:2
**permanent (5)** 70:6,22 72:8 72:25 143:18
**permitted (1)** 3:12
**persistent (3)** 25:18 31:6 32:4
**persists (1)** 122:19
**person (13)** 3:8,18 21:2 29:13 57:7 73:4 85:5 99:10 108:9 108:21 109:3 140:23 142:18
**personal (1)** 128:7
**persons (1)** 3:13
**perspective (2)** 16:12 116:7
**perused (1)** 42:24
**PhD (2)** 1:8 2:11
**phobia (6)** 77:13 79:4 134:10,13,14 138:16
**phone (2)** 81:4 86:10
**phonetic (2)** 46:17 59:25
**physical (7)** 54:22 92:25 144:6,18 145:7,8,14
**physically (1)** 133:2
**physicians (1)** 61:24
**pick (1)** 49:20
**piece (1)** 38:12
**Pine (1)** 2:12
**pivot (1)**

95:10
**place (4)**
30:9,16,16 68:4
**placing (1)**
30:22
**plain (3)**
87:18 88:17,23
**plainly (1)**
3:17
**Plains (1)**
2:6
**plaintiff (5)**
1:6,16 2:5 6:17 21:14
**plan (1)**
21:22
**plastic (28)**
9:11,14 12:25 13:4 14:11 20:2 23:23 24:10,14 25:5 25:11 26:7,13 28:13 29:5 39:24 40:7 74:6 78:12 90:13 95:8 120:20 122:8 125:12 126:3 126:5 141:15 151:8
**play (3)**
20:2 25:21 43:6
**please (10)**
6:8,10 7:23,25 24:6,9 58:12 67:17 111:5 133:10
**plenty (1)**
80:17
**plus (2)**
9:9 34:20
**point (29)**
7:17 8:13 38:11 41:23 44:7 52:2 60:24 73:3,6 73:21 86:6,13 93:12 98:9,23 104:20 107:10 113:23 114:25 115:22 116:10 118:5 118:20 119:6 120:5 122:13 123:22 132:18 140:17
**pointed (1)**
124:14
**points (3)**
53:20 54:2 87:14
**pool (1)**
51:19
**population (2)**
37:4 136:23
**portion (19)**
42:20 53:17,22 59:3 64:3,5 69:22,25 70:6 71:8,9,16 92:2 118:16 120:13 121:6 121:17 139:11 147:18
**portions (1)**
49:17
**position (5)**
8:14 26:13 120:12,19 121:2
**possession (1)**
5:13
**possibility (9)**
48:13 52:2,14 110:18,19,20 114:7 115:14 122:5
**possible (3)**
110:15 142:9 144:12
**possibly (2)**
11:9 27:8
**postoperativ...**
115:25 116:24 124:21 125:16
**potential (3)**
50:16 67:24 74:2
**potentially (4)**
70:8 94:20 137:23 140:16
**practice (14)**
9:23 13:13,23 14:20 16:22 46:11 48:11 53:7 54:17,25 55:15 82:19 84:21 85:4
**practicing (1)**
128:15
**practitioners...**
24:23
**pre-operativ...**
33:5 60:13
**preapproval ...**
99:13,17 104:12
**predict (1)**
17:15
**prefer (2)**
36:7 51:10
**preferably (2)**
31:2,18
**preferred (1)**
38:24
**prejudice (1)**
3:18
**preoperative...**
22:15 44:19 59:24 60:8,10 60:16,18 61:9 69:13 71:18
**preoperative...**
22:14 59:22 150:6
**prepared (3)**
109:17,25 132:25
**prerequisite ...**
32:13
**presence (2)**
61:15 62:3
**present (26)**
5:2 16:8 19:3 32:11 55:6,12 55:15 56:4,9 56:11,14,15 59:19 60:12 60:17,19 63:20 78:8 81:14 94:2 99:8 104:5 116:21 121:11 131:14 134:2
**presented (3)**
5:12 77:15 132:15
**presenting (1)**
5:11
**presents (1)**
112:6
**preserve (1)**
3:16
**pretend (1)**
108:12
**pretty (5)**
16:23 90:8
123:15 124:5 124:10
**prevalent (1)**
37:4
**prick (1)**
108:19
**printed (1)**
98:11
**prior (21)**
5:13 23:7 30:19 33:23 35:2,21 44:19 45:19 46:4 58:12 62:8 86:6 104:20 105:4 111:8 111:14 115:12,16 129:18 136:19 137:10
**privilege (1)**
3:16
**privileges (3)**
10:24 14:7 137:13
**probably (6)**
87:10 98:6 107:21 122:16 128:16 150:10
**problem (4)**
89:16 106:4,8 122:19
**problems (2)**
17:16 67:24
**procedure (16)**
40:5,9,10,13 40:14,15,22 41:5,16 46:4 93:15,18,19 112:21 115:22 142:3

**procedures (2)**
28:13 145:19
**proceed (2)**
3:8 112:20
**proceeded (2)**
27:19 28:10
**proceeding (1)**
154:2
**process (4)**
144:8,9 145:21
147:14
**produce (1)**
91:17
**production (2)**
102:18 149:3
**professional ...**
21:9 22:11
26:8,10 27:10
27:13,18 29:9
40:2 42:5,8,9
43:23 44:24
47:7,15 75:11
75:14 78:15
79:9 82:8
83:22 85:16
85:21 127:25
128:7,22
130:21 135:5
138:7 140:12
144:11
151:13
**professional'...**
42:15
**professionals...**
34:10 91:12,12
111:10
**Professor (1)**
10:8
**profile (1)**
98:12
**profound (1)**
17:24
**program (2)**
9:9,10
**prolong (1)**
31:22
**pronoun (1)**
129:2
**properly (1)**
55:23
**provide (2)**
4:11 100:10
**provided (6)**
3:19 4:8 99:24
100:8 102:19
102:21
**provider (5)**
26:18 84:10
103:12
129:10,13
**providing (2)**
75:15 103:17
**provision (1)**
3:5
**provoke (1)**
31:23
**psychiatric (6)**
18:15 69:16
89:14,17
140:5 151:11
**psychiatrist (...**
84:19
**psychologica...**
1:8 2:11 17:23
33:10 54:5
69:16 71:5,23
72:21 73:18
74:23 77:25
114:9,16,21
145:10
**psychologist ...**
28:4,9 84:13
84:20,21 85:3
**Public (6)**
1:20 4:6 6:3
151:25 153:5
154:25
**published (4)**
11:14 12:9,14
12:20
**PubMed (1)**
37:10
**purely (1)**
139:13
**purported (1)**
94:13
**purpose (4)**
3:23,24 5:9
91:2
**pursuant (3)**
1:18 3:9 5:2
**pursue (2)**
73:22 96:7
**pursuing (1)**
141:6
**pushing (1)**
142:6
**put (6)**
16:16 47:14
100:4 119:22
136:5,8
**puts (2)**
79:3 86:16
**putting (2)**
58:5 84:23

**Q**

**question (60)**
3:17,21,24 4:3
5:13 7:16,16
7:25 8:5,15
14:3 22:4,9
24:2,8,9 34:2
35:5,13,18,19
36:11 41:9,11
49:8,9,15
54:7,8 56:20
57:13 58:21
59:5,10,14
62:14 67:3,17
75:23,24
85:22 90:6
91:5,6 100:7
104:9 105:12
106:15
114:19
118:22
130:24,25
136:17
141:18 147:2
148:11,13,14
148:15,25
**questioning (6)**
3:11,14 4:11
5:13 28:25
127:22
**questions (47)**
3:15 21:13
52:17 54:21
57:21 58:14
63:18 64:6,9
64:10,17,18
64:19 65:11
68:6 69:22
70:16 71:2
73:11 80:16
80:18 86:17
86:18,23,24
87:13 90:17
106:13 107:7
108:13
114:20 118:5
118:9 126:16
126:19,22,23
127:13
129:20,22
133:7 137:16
137:23,25
138:13 148:3
149:25
**quickly (1)**
132:22
**quite (2)**
49:8 50:20
**quotations (1)**
39:20
**quote (6)**
30:24 31:6
32:20 33:6
39:4 79:2
**quoted (2)**
36:23 39:19
**quoting (1)**
79:12

**R**

**R (2)**
2:2 153:2
**R-I-S-H-U-B...**
37:16
**raised (2)**
3:10 108:25
**ramble (1)**
57:4
**rambling (2)**
57:6,7
**ramification...**
63:22
**raw (1)**
15:14
**reach (1)**
29:12
**read (12)**
8:12 28:19
42:19,21
58:22,25 59:4
63:12 70:12
81:11 92:3
145:6
**reading (4)**
29:15 50:24
144:24 149:9
**reads (1)**
86:4
**ready (5)**
16:21 114:14
114:15,17
132:25
**real (1)**
23:3

**realize (1)**
75:9
**really (18)**
8:4 18:4 19:15 21:5 23:4 46:2 57:25 71:5 87:9 88:5 91:7 108:16 116:12 120:9 121:13 132:23 141:7 149:16
**realm (1)**
140:11
**reason (12)**
7:14,18 8:9 56:21 74:10 89:9,11 95:22 138:5 141:9 150:19 154:5
**reasonable (2)**
20:16 45:9
**reasonably (1)**
32:11
**reasons (2)**
68:23 91:10
**reassigned (1)**
50:14
**reassignmen...**
20:5,24 21:25 22:17 44:20 45:16,19,22 46:6 63:13,21 68:12,23 69:5 69:8,11 73:9 75:3 87:5 89:2 99:9 112:9,24 113:17 136:16
**recall (15)**
45:18 55:5 74:13 116:9 123:8 125:7 126:13 129:10,21 132:6,13 133:19 148:13,14 149:16
**receive (1)**
26:17
**received (2)**
10:18 97:14
**recertificatio...**
13:9
**recertified (2)**
13:5,6
**recess (4)**
43:3 80:21 91:24 127:4
**recognize (3)**
3:5 70:13 149:12
**recognized (4)**
21:6,15 38:9 141:13
**recollect (1)**
87:9
**recollection (...**
7:22 33:3,21 52:23 53:17 54:9,16,24 56:8 64:8 65:4,9 67:14 68:14,15 114:3 116:17 117:23 118:23 135:18
**recommend (...**
52:18 130:18 144:7
**recommenda...**
25:23 42:15
**recommenda...**
141:14
**recommende...**
119:6 143:5 145:22
**recommendi...**
62:10 81:20 83:20
**reconstruct (2)**
52:7 140:19
**reconstructi...**
38:2 140:16
**record (15)**
4:2 6:8,10 30:22 39:10 42:20 52:15 59:3 92:2 98:21 99:20 107:11,19 133:22 153:9
**recorded (1)**
5:7
**recording (1)**
5:8
**records (5)**
7:20 39:11 42:23 133:23 133:24
**redness (3)**
118:11 119:13 120:3
**reduce (2)**
97:5,9
**reduction (9)**
33:13 68:21 69:7 92:23 96:20 112:23 113:4,12 124:6
**redundancy ...**
121:17
**refer (6)**
36:6,9 46:15 65:22 144:15 151:12
**reference (3)**
21:8 38:11 44:8
**referenced (3)**
37:12,13 149:20
**referred (4)**
44:25 45:18 46:21 47:14
**referring (15)**
9:10 26:17 35:24 45:2 47:6,15 48:5 63:18 66:3 92:20 96:22 99:10 112:7 118:15 144:10
**refers (1)**
72:3
**reflect (1)**
70:20
**refresh (2)**
7:22 126:2
**refusal (2)**
3:19 53:22
**refusing (2)**
31:21 68:16
**regard (1)**
124:15
**regarding (6)**
5:13 62:5 65:11 74:23 87:2 137:7
**regret (8)**
70:10,24,24 135:20,24 149:7 150:4 150:13
**regulations (3)**
15:18,19 143:20
**reinforce (1)**
70:6
**relate (1)**
69:17
**related (1)**
153:11
**relationship ...**
26:21 142:20
**relatively (1)**
70:13
**relevance (1)**
30:14
**relevant (5)**
12:3,22 20:11 102:15 133:24
**reliable (2)**
38:6,12
**relief (1)**
3:8
**reluctant (1)**
61:24
**rely (2)**
130:5 142:19
**relying (2)**
29:8 87:11
**remainder (5)**
3:21 36:5 79:9 83:19 85:7
**remember (10)**
37:19 45:24 64:16 65:14 65:19 67:11 101:25 118:8 132:8 148:21
**remind (1)**
7:13
**remote (1)**
5:4
**remotely (1)**
5:6
**removal (2)**
20:23 21:24
**remove (3)**
68:24 93:9 95:2
**removing (2)**

93:24 94:12
**renew (1)**
10:19
**repetitive (2)**
90:25 91:19
**rephrase (3)**
24:15,15 85:2
**report (1)**
114:2
**reporter (14)**
1:19 5:3,6 7:24 8:2 31:10 42:21 58:25 59:4,9 92:3 103:15 109:5 153:4
**reporting (2)**
5:5 77:10
**represent (3)**
6:17 127:9 142:23
**representati...**
106:21
**reputable (1)**
45:7
**request (1)**
3:11
**requested (3)**
42:20 59:3 92:2
**require (5)**
63:24 94:5 96:20 99:13 151:11
**required (6)**
60:12,17,19 63:4 103:18 132:24
**requirement ...**
20:6,25 21:16 23:8,9,16,17 23:21 25:12 48:23 49:10 49:12 56:15 59:18 60:4,9 61:7 107:9 142:16 147:20
**requirement...**
137:6 147:22
**research (8)**
33:12 50:18,20 75:2 87:24 88:3 92:20,20
**researching (...**
54:3
**reservations ...**
65:9
**reserved (1)**
4:5
**respect (13)**
15:2 24:17,24 44:24 69:25 74:25 86:19 91:17 118:22 136:18 142:24 143:2 144:6
**respected (4)**
84:13,19 85:3 147:25
**respective (1)**
3:3
**response (1)**
73:4
**responsive (1)**
57:16
**rest (3)**
57:22 89:4,5
**result (4)**
124:5,10,11,19
**results (1)**
122:10
**retailored (1)**
120:25
**return (2)**
4:7 125:10
**reversal (1)**
136:12
**reverse (5)**
115:20 135:12 136:2,4 149:14
**reversed (1)**
70:9
**reversible (4)**
145:16,17 146:5,19
**reversing (2)**
115:15 149:11
**review (2)**
7:19 38:15
**reviewed (6)**
36:16,18,19,19 53:12 154:2
**revision (2)**
121:25 122:21
**revisions (1)**
122:6
**revisit (2)**
122:18,20
**revoked (2)**
13:25 14:5
**rib (1)**
77:17
**ridiculous (1)**
106:14
**right (75)**
3:8,16,21 17:9 20:18 22:10 22:11 23:4 27:25 35:21 38:5 43:21 46:18 50:22 53:5,14 57:20 80:19 90:14 93:10,15 94:19,22 95:15 96:7,16 96:16 97:12 98:22,22 99:6 100:6 107:20 109:6 110:17 113:14 114:24 117:8 118:6 119:9 119:10 120:7 120:8,11,14 120:18,22 121:5,15,17 123:6,7 124:7 126:6 127:3 128:5,9,10 130:13 131:24 132:5 133:4,9 135:2 135:14 137:12,12 138:17,23 139:3,17,20 141:22 146:18 147:11
**rights (1)**
4:8
**Rishub (4)**
37:16 38:4 149:19,19
**risk (1)**
94:21
**risks (18)**
22:24 51:15 62:11 63:23 65:12 67:23 68:6,12 69:10 72:8 73:24,25 74:5 94:16 112:10,12,22 128:24
**road (3)**
6:11 70:15 123:18
**Rohan (16)**
32:21 33:5,14 36:6 46:16 48:7 52:23 53:4,19 54:10 77:5,20 78:7 78:23 81:13 81:22
**Rohan's (4)**
50:9,19 51:3 77:7
**role (4)**
26:6 31:3,19 42:3
**rolling (2)**
104:3 123:17
**room (5)**
49:4 51:20 111:3,8,11
**roughly (1)**
136:22
**rule (6)**
3:4,6,13,13,19 4:8
**rules (6)**
3:4 7:13 15:18 15:19 131:23 148:5
**ruminate (1)**
23:2
**ruminates (1)**
52:19
**running (1)**
89:24
**runout (1)**
13:17

**S**

**S (150)**
2:2 3:2,2 6:2 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1

24:1 25:1
26:1 27:1
28:1 29:1
30:1 31:1
32:1 33:1
34:1 35:1
36:1 37:1
38:1 39:1
40:1 41:1
42:1 43:1
44:1 45:1
46:1 47:1
48:1 49:1
50:1 51:1
52:1 53:1
54:1 55:1
56:1 57:1
58:1 59:1
60:1 61:1
62:1 63:1
64:1 65:1
66:1 67:1
68:1 69:1
70:1 71:1
72:1 73:1
74:1 75:1
76:1 77:1
78:1 79:1
80:1 81:1
82:1 83:1
84:1 85:1
86:1 87:1
88:1 89:1
90:1 91:1
92:1 93:1
94:1 95:1
96:1 97:1
98:1 99:1
100:1 101:1
102:1 103:1
104:1 105:1
106:1 107:1
108:1 109:1
110:1 111:1
112:1 113:1
114:1 115:1
116:1 117:1
118:1 119:1
120:1 121:1
122:1 123:1
124:1 125:1
126:1 127:1
128:1 129:1
130:1 131:1
132:1 133:1
134:1 135:1
136:1 137:1
138:1 139:1
140:1 141:1
142:1 143:1
144:1 145:1
146:1 147:1
148:1 149:1
150:1 151:1
152:4

**Sadly (1)**
11:13

**safety (1)**
111:11

**salient (2)**
53:20 54:2

**satisfactory (1)**
75:5

**satisfied (3)**
28:14 123:23
125:14

**satisfy (1)**
30:3

**save (2)**
85:24 91:16

**saw (24)**
27:7 36:2
46:15,16,20
47:21 50:22
66:22 70:18
70:19 74:16
75:24 76:7
77:11 99:3
102:8 103:23
116:2,4
124:20,25
126:4,5
137:21

**saying (19)**
21:6 25:22
31:14 41:12
42:10 52:25
68:14 75:14
77:12 82:4,4
85:21 93:21
96:10,12,18
100:12
110:23
112:20

**says (22)**
30:2,5 40:13
77:18 78:25
92:7,14,18
96:19 97:19
97:22,23 99:8
107:12,19
112:6 121:14
145:7,8,14,21
154:2

**scan (1)**
97:19

**scanned (7)**
98:5,6,7,8,11
98:13,14

**scar (21)**
33:12 38:21,22
50:21 51:11
72:7,25 92:22
94:24 97:6
112:23
113:15
117:12,13,14
118:10,11,16
121:7,15,25

**scared (1)**
15:9

**scarring (10)**
51:15,20 65:12
69:9 94:7,22
113:9 118:6
119:3 122:11

**scars (11)**
38:23,24 51:22
70:7,21 72:7
72:24 73:3
95:2 120:2,12

**scary (1)**
22:25

**schedule (1)**
50:16

**school (5)**
8:24 9:6,7 10:7
11:9

**scores (1)**
13:9

**scribble (1)**
102:2

**Seattle (2)**
9:15 13:19

**second (33)**
9:16 22:25
31:16 44:19
48:21 52:15
52:18 55:8
56:21 63:8
65:7 68:5
69:25 72:14
73:7,16,25
83:18 84:2
92:5 96:7
103:23
104:14
125:22
126:15 132:6
132:22 133:4
134:8 136:8
146:19,23
147:6

**section (2)**
3:25 5:3

**see (29)**
12:12 17:5
20:5,9,15
28:18 29:22
37:22,24 38:4
44:6 47:7
48:12 50:12
52:18 53:25
62:12 75:12
78:4 97:23
104:20
122:10,15
123:19 124:2
125:10
126:23
141:19
147:19

**seeing (8)**
29:16 34:17
44:2 86:6
93:25 94:2
96:9 123:17

**seen (1)**
107:23

**semantics (1)**
25:22

**send (4)**
12:4,7 47:24
133:14

**sends (1)**
133:11

**sense (5)**
8:16 19:18
65:16 87:13
89:7

**sensed (1)**
135:22

**sensitive (4)**
16:16 36:4
49:5 60:22

**sent (7)**
42:10 45:14,15
48:8 133:18
133:22,25

**sentence (10)**

56:3 78:9,25 79:11,24 81:24 92:18 112:5 130:17 134:8
**separate (2)** 5:4 69:25
**September (1)** 123:5
**serious (2)** 22:21 132:17
**seriously (2)** 100:22 107:5
**service (3)** 5:5 55:18,24
**set (3)** 3:16,25 153:8
**setting (2)** 51:19 107:9
**seven (4)** 7:10 10:10 11:20 30:18
**Seventh (2)** 21:15 30:8
**sewed (1)** 119:14
**sex (3)** 19:8 20:13 34:25
**sexual (2)** 19:14 78:3
**share (1)** 105:16
**shared (2)** 32:21 77:5
**SHEET (1)** 154:1
**sheets (1)** 39:19
**short (8)** 33:12 38:21 50:21 51:10 92:22 112:23 141:24 143:22
**shortcut (1)** 91:13
**shorthand (2)** 1:19 153:4
**show (3)** 71:14 107:21 110:12
**shrink (3)** 94:5 113:19 120:22
**shrinks (1)** 121:2
**side (8)** 119:21 120:11 120:16,18,23 121:3,5 123:11
**sign (6)** 60:11 61:3,6 98:9 131:8 133:17
**signature (4)** 98:4 111:8,12 154:23
**signed (20)** 4:6 43:10 61:8 61:13 97:22 98:14 105:4,7 105:10,18 106:22 107:13,17 110:7,14,21 111:8,14 114:24 151:21
**significance (...** 93:3 95:13
**significant (7)** 3:18 32:10 53:9 71:9,16 93:4 94:9
**signing (2)** 98:13,13
**signs (4)** 17:10 29:18 106:18 118:18
**silicone (5)** 117:12,13 119:7,19,22
**similar (1)** 15:5
**Simon (7)** 1:8,16 2:18 6:9 151:19 154:1 154:1
**simple (1)** 91:21
**simply (2)** 52:11 93:8
**Sinai (3)** 10:7 11:9 17:21
**single (1)** 24:14
**sir (5)** 110:3 111:20 129:5 130:23 150:24
**sisters (1)** 120:22
**sitting (3)** 52:22 64:9 75:16
**situation (6)** 20:11 28:17 84:7 141:4 145:13 151:4
**situations (2)** 28:23 91:18
**six (9)** 11:19 19:2,4,4 19:6,19 28:12 30:2 122:13
**six-year (1)** 9:9
**size (1)** 97:5
**sizes (1)** 113:19
**skewed (1)** 16:12
**skin (23)** 93:4,11,12 94:3,5,5,12 94:15 95:2 96:4,5,10,14 113:22 120:25 121:17,20 123:3,10,10 124:16 136:6 140:17
**skipping (1)** 92:18
**slant (1)** 141:17
**slightly (2)** 121:2 141:17
**Slow (1)** 134:11
**slowly (1)** 7:24
**small (2)** 94:8 119:14
**smaller (1)** 97:4
**smart (3)** 122:22 123:2 142:10
**social (8)** 44:5 77:13 79:3 134:10 134:13,14 138:16 145:10
**Society (2)** 25:5,11
**solidify (1)** 23:5
**somebody (10)** 19:12 20:8 27:14 79:10 81:15 116:25 117:20 139:13,24 143:17
**somewhat (2)** 12:3,21
**soon (1)** 16:23
**sorry (13)** 14:17 23:12 31:11 33:19 58:21,24 66:25 82:17 113:23 117:6 131:17 137:5 137:12
**sort (63)** 15:7,12 16:14 16:25 17:14 18:14,16,19 18:25 19:17 19:18,18 20:8 20:17 22:12 22:13,20,23 26:21 33:21 34:10,15,20 39:10 44:4 48:11 50:13 50:17,25 51:25 52:16 62:10 63:22 69:10 81:5 87:18 88:15 88:17,21 89:6 91:13 93:23 94:10 95:5,10 95:19 97:4 98:11 114:18 116:12 119:4 120:25 122:11 123:2 138:13

139:14 141:16,25 143:16,23 144:10,11 149:7
**sought (1)** 103:24
**sounded (1)** 65:15
**sounds (3)** 45:9 46:25 128:6
**source (1)** 38:7
**speak (17)** 7:23,23 17:15 32:14 35:14 35:16,16,17 35:24 58:2 69:11 70:10 88:22 91:11 91:12 115:23 151:8
**speaking (5)** 45:5 48:25 83:3 144:10 144:11
**specific (10)** 14:22 54:9 67:14 72:19 88:18 89:12 112:14 129:12 149:15 150:8
**specifically (7)** 49:25 54:15 78:25 87:7 117:17,18 118:8
**specifics (8)** 46:13 49:3 50:8,18 65:14 67:18 68:13 115:18
**specified (1)** 134:10
**spectrum (2)** 43:19,20
**speed (1)** 31:12
**spelling (3)** 55:25 56:4,6
**spells (1)** 28:20
**spend (1)** 49:20
**spent (2)** 71:24 132:7
**spin (1)** 84:24
**spoke (6)** 62:3 84:15 98:25 128:23 132:3 142:14
**spoken (1)** 141:5
**spot (1)** 119:20
**staff (3)** 17:21 77:9 133:15
**stage (12)** 93:20 96:8 136:8 144:7,9 145:21,23 146:16,24 147:6,9,14
**stages (3)** 64:19 145:15 145:23
**standard (15)** 22:3 23:20 24:17,19,21 24:22 25:2 32:8 41:4,13 131:23 141:10 142:23 143:11,24
**start (10)** 6:19 8:18 31:12 57:21 83:18 87:16 95:5 100:2 123:16,19
**started (9)** 14:17 17:9 28:6 31:14 33:6 71:19 92:7,12 128:15
**starts (1)** 100:9
**state (16)** 1:2,20 6:4,8,10 17:3,3,3 24:24 44:16 45:25 46:2 117:17 143:7 147:19 153:5
**stated (5)** 3:10 4:2 28:4 33:17 82:16
**statement (3)** 3:11,20 103:19
**statements (1)** 3:14
**states (6)** 13:16 17:2 24:12 37:7 77:20 144:3
**stating (1)** 29:20
**statistic (2)** 149:7 150:5
**statistics (2)** 37:2,8
**step (1)** 104:12
**steps (1)** 111:6
**stigmatizatio...** 31:24
**STIPULAT...** 3:3 5:2,11
**stop (7)** 31:10,10 48:21 57:3 72:15 79:18 90:20
**straight (2)** 9:19 18:13
**Street (3)** 2:5,12,19
**stress (1)** 50:4
**strict (1)** 25:23
**strife (14)** 60:23 61:17,19 65:15,22,24 66:3,5,9,11 66:13,17,20 66:23
**strike (1)** 4:4
**strikes (1)** 18:5
**struggled (1)** 77:8
**struggling (1)** 77:15
**stuff (3)** 89:20 90:8 144:21
**stupid (1)** 108:12
**style (2)** 58:10 106:8
**subdivision (1)** 3:19
**subdivisions ...** 3:6
**subject (2)** 3:8 87:23
**submit (2)** 99:15 102:13
**submitted (3)** 101:5,12,22
**subscribed (2)** 151:21 154:23
**subsequently...** 15:24
**substance (5)** 81:2,18,25 82:14 87:20
**substantial (1)** 135:20
**substitute (1)** 86:2
**substituted (1)** 85:14
**successfully (...** 43:13
**succinct (1)** 3:20
**succinctly (2)** 3:10 4:2
**suffer (1)** 19:24
**suffering (1)** 34:9
**suffers (2)** 16:2 28:9
**suggest (1)** 3:10
**suggestions (1)** 147:23
**suicidal (2)** 15:16 44:9
**summer (1)** 123:5
**super (1)** 123:8
**support (24)** 25:19,24,25 28:23 32:20 33:8,17 36:20 42:11 43:9,15 47:17 54:4 62:13 71:21

75:7 77:4 78:6 81:11,13 85:10 92:14 130:17 134:6
**supported (1)**
62:23
**supporting (2)**
83:21 134:2
**supportive (1)**
134:5
**supports (1)**
83:23
**suppose (1)**
142:9
**suppress (2)**
146:6 149:3
**SUPREME (1)**
1:2
**sure (36)**
8:22 15:3,20 17:4 20:5 21:5,8 27:23 30:20 36:11 36:19 37:23 38:20 41:10 41:15 43:12 48:9,10 49:23 55:25 56:7 71:18 72:17 90:8 93:20 101:8 103:8 106:16 120:23,23 126:2 127:15 131:2,2 133:24 143:20
**surface (1)**
119:16
**surgeon (14)**
17:21 20:20 24:14 26:7,13 29:5 39:24 42:8 78:13 90:13 126:4,5 129:9 151:9
**surgeons (5)**
23:23 25:5,11 95:8 141:16
**surgeries (4)**
45:22 46:6 52:3 128:12
**surgery (246)**
9:8,8,11,12,17 10:25 11:24 12:3,19,21,25 13:2,4,6 14:11 16:20 20:2,7,17,23 20:23 21:2,17 21:22,24,24 22:17 23:9,18 24:10,19,25 25:10,20 27:7 27:19 28:13 28:19 29:8 30:25 31:17 33:24 35:2 36:22,24 37:3 37:7 38:19,21 38:25 39:24 40:7,19,25 41:19,22,25 42:2,4,12,13 43:7 44:10,19 45:16,19 48:13 50:22 51:6 52:3,9 52:10,10,15 60:11,25 61:5 61:23,25 62:8 62:12,21 63:2 63:5,13,21 64:2,20,20,22 65:12,12,13 65:20 66:21 67:9,13,21,24 67:25 68:4,7 68:9,19,22,23 69:5,7,8,12 69:14,20 70:7 70:11,21,22 70:25 71:7 72:12,13,13 72:21 73:9,18 73:23,23 74:6 78:7,10 81:13 81:17,20 83:21,23 84:18 85:12 87:6,25 92:23 92:24 93:7 95:6,9 99:9 101:6 103:25 104:14,17,21 104:25 105:5 105:8 106:17 106:22 110:24 111:9 111:13,15,23 112:13,15,16 113:4,5,5,8 113:12,13,17 113:18 114:6 114:10,11,12 114:13 115:2 115:12,15,16 115:21 120:21 121:24 122:5 122:6,8 123:18 124:3 125:12,15 128:3,24 129:4,7,8,17 129:18,19 130:18 131:5 131:10,13,16 131:18 132:4 132:11,14,16 132:20 133:2 133:8 134:25 135:7,12,24 136:3,4,12,16 136:16,18 137:2,4,5,7 137:10,13,14 138:9,12,19 138:25 140:3 141:6,10,11 142:7,17 143:6,15,19 147:21 149:6 150:5,14,19 150:22
**surgical (2)**
51:10 145:19
**surprises (1)**
74:11
**surprising (1)**
51:5
**suspect (6)**
22:8 28:15 88:16 92:22 116:23 117:2
**suspended (1)**
13:25
**suture (2)**
119:14,21
**sutures (1)**
119:15
**swear (1)**
111:17
**swelling (1)**
122:11
**switch (1)**
150:16
**sworn (6)**
4:6 5:6 6:3 153:8 154:1 154:23
**symbiotic (1)**
142:20
**symptoms (2)**
17:10 29:19

**T**

**T (4)**
3:2,2 153:2,2
**take (19)**
7:14,17 8:3 26:20 42:25 44:22 50:25 51:4 53:6 80:15,20 82:21 102:14 111:19 117:2 126:17,20 140:21 141:19
**taken (8)**
1:18 3:7 4:8 43:3 80:21 91:24 127:4 154:2
**takes (1)**
69:15
**talk (27)**
7:20 17:24 22:19,23 46:13 49:3,23 51:9,14,20,25 52:16 62:16 66:16 67:18 70:3 87:12,19 88:25 89:2,3 93:13 106:5,6 141:15 149:10,11
**talked (12)**
16:25 34:15 50:21 52:19 117:11 119:2 128:8 134:15 135:9 142:13 143:14 149:4
**talking (12)**
20:7 27:25 29:12 30:11

33:21 44:9 45:3 49:25 61:12 62:2 102:3 103:10
**talks (3)** 72:19 96:3 144:17
**tape (1)** 119:22
**team (1)** 144:11
**technical (4)** 69:10 70:2 73:14 114:18
**technique (6)** 65:13 92:23 94:6,13,23,25
**techniques (1)** 93:14
**tell (23)** 8:7 14:25 35:6 36:18 37:15 41:8 59:6 69:21,24 93:17 103:16 108:5 109:10 110:25 120:15 133:11 139:2 142:7,11 148:22 149:10 150:7 151:5
**telling (5)** 8:15,19 21:3 55:2 107:18
**tells (1)** 71:24
**temporally (1)** 75:7
**temporary (1)** 136:6
**ten (5)** 11:20 45:21 46:6,10 128:14
**tendency (1)** 142:7
**term (5)** 23:15 87:15 88:25 91:14 144:13
**terms (9)** 18:8 19:23 49:21 88:13 88:19,21 90:23 98:3 125:15
**terse (1)** 41:9
**testified (10)** 6:4 8:12 66:9 66:12 104:7 105:22 127:16 128:2 134:3 135:11
**testify (2)** 8:11 66:11
**testimony (7)** 4:4 20:21 129:11 141:20 153:7 153:9 154:3
**testosterone ...** 31:4,20 146:7
**tests (2)** 82:23,24
**textbooks (1)** 12:18
**thank (15)** 19:22 33:19 39:17 59:15 88:12 104:10 111:20 131:3 137:15 149:22,23 150:24,25 151:14,15
**themself (1)** 51:12
**therapy (16)** 32:12 33:13 51:3,4,7 53:24 54:14 54:16 138:6 138:10 144:12 146:20 147:20 148:10,16 149:4
**thing (9)** 22:7,24 39:19 73:20 95:7 97:7 119:5 122:24 138:11
**things (24)** 36:23 48:25 51:17 52:19 53:7 55:21 89:3 91:19 95:10 98:8 110:15 112:14 123:24 124:23 125:17,19 128:25 135:11 138:8 140:15 141:17 142:11 143:10 147:22
**think (74)** 12:15,21 21:23 22:4 23:3,20 25:3 26:3 28:21 29:11 29:14,22 30:3 34:9,11 36:22 40:3 41:20 42:6 43:11 44:7,10,13 45:20 53:21 53:24 54:2 56:4 57:7 66:8,10 67:19 72:11 73:3 76:12 78:24 81:7 88:2 90:7,9 91:9 91:16 95:4,8 96:3 98:23 102:5 103:4,6 113:2 121:4,6 128:2 131:5 131:22 132:17,23,24 135:4,18 138:3,5 141:3 141:7,8,14 142:4,6,8,24 144:13 149:17 151:5 151:10
**thinking (5)** 33:6,15 71:3 71:25 92:12
**thinks (1)** 83:24
**third (1)** 147:9
**thirteen (1)** 11:20
**thought (13)** 14:4 33:7,23 37:5 50:13 62:6,12 71:20 76:20,23 83:25 92:13 141:5
**thoughtful (1)** 142:2
**thoughts (2)** 15:16 62:4
**thousands (1)** 24:11
**threatens (1)** 44:12
**three (28)** 6:23 9:9,9,10 9:11 11:19 12:13,15 29:17 31:9 32:7 33:6,15 34:14 42:6 70:19 71:19 85:19 92:7,12 105:7,10,18 106:22 123:20 126:25 145:15,17
**tight (1)** 136:7
**tighten (2)** 93:11 123:3
**tightened (2)** 121:22 123:11
**tightening (1)** 94:3
**tighter (1)** 140:17
**time (103)** 1:17 4:5 7:8 8:3 13:10,11 13:12 14:10 14:13 15:14 16:15 17:9 18:12,24 19:4 23:2 30:9 31:2,19 32:24 33:20 34:19 34:25 36:2,15 43:13 44:9 46:14,15,16 46:20,21 48:8 48:12 49:4

50:14,15,17
51:12 52:18
52:25 53:4
54:4 55:4
56:2 62:23
63:4,15,16,24
63:24 64:4,11
64:15,25
65:17,20,20
66:22 67:7
68:5 70:14,20
71:24 72:4
73:25 75:17
78:23 79:21
83:9 86:6,13
88:9 91:17
94:15 97:8
98:7,23 99:3
103:11
104:20
108:20
116:10,13
117:19
118:20 122:9
122:12
123:19
124:24 125:5
128:11
131:18
132:18 134:9
134:12,24
137:22 138:2
143:7 145:25
149:13
151:16

**timely (1)**
31:21

**timeout (1)**
111:9

**times (6)**
40:6,8 60:21
79:12 125:16
128:16

**tincture (1)**
122:12

**tissue (22)**
52:13 93:9,25
94:14 95:14
95:16,20
112:17 113:2
113:4,16,20
117:12,13,14
120:10,17
123:13,13
124:16 136:9
136:10

**title (4)**
10:9,13 37:19
37:25

**titles (3)**
10:4,11 11:6

**today (15)**
8:12 36:17
39:6,13 52:22
53:13 64:9
75:16 101:11
101:21 106:4
108:18
126:12
127:14 129:3

**told (14)**
33:14 36:13
59:17 60:4
63:6,8 76:19
81:3 87:22
107:16
126:12
147:13 150:5
150:12

**tools (1)**
54:3

**top (53)**
20:23 21:23
23:9,14,18
24:18,25
25:10,20
28:19 36:24
37:3,6 39:23
40:19 41:19
42:2,12,13
48:13 51:6
60:25 61:25
78:7 81:13,17
83:21,23
85:11 87:25
92:24 113:5,8
115:15
121:21
128:12
130:18
135:12 136:2
136:4,12,16
136:18
137:13
138:12,19,25
141:10
143:15
147:20 149:6
150:4,14

**topics (1)**
49:5

**touched (1)**
141:9

**touchup (1)**
122:21

**trained (2)**
14:18,21

**training (6)**
9:2,20 13:18
13:21 14:22
46:12

**transcribe (2)**
55:19 79:14

**transcribed (3)**
55:23 79:16
80:4

**transcript (3)**
8:13 153:9
154:2

**transcription...**
55:18,24 56:5
85:9 92:9

**transcription...**
79:13

**transgender ...**
12:18 21:9
32:18,22
34:23 38:2
51:11 52:4
70:10 77:6
141:11

**transition (4)**
33:11 71:23
113:11
128:13

**transitioning...**
11:24 51:17
138:4,12

**transmasculi...**
24:18,25 25:10
39:23 40:19
42:2

**transpired (1)**
125:20

**treat (2)**
51:23 52:11

**treating (4)**
78:15 80:2
83:10 85:16

**treatment (19)**
19:23 31:4,8
31:20 32:7
63:14,17
73:10 75:5
83:9,13 86:19
86:21,21,22
86:23 142:25
143:3 144:8

**trend (1)**
37:6

**trial (6)**
1:15 3:4 4:5
8:10,11 90:15

**tricky (1)**
22:4

**tried (1)**
95:20

**tries (1)**
91:17

**troubling (1)**
43:13

**true (11)**
52:9 59:19,25
60:2,5 80:8,9
80:11 105:20
105:21 153:9

**trust (2)**
125:21 142:19

**try (14)**
7:23,25 13:8
33:25 34:2
50:15 87:11
87:17 88:22
90:25 95:11
95:11 122:8
142:11

**trying (7)**
33:11 71:23
86:2,3 110:13
119:3 140:7

**twelve (1)**
11:20

**twice (1)**
27:7

**twins (1)**
120:21

**two (37)**
11:19 12:13
15:25 16:5
22:15 27:2
29:17,24 31:7
32:5,19 34:3
39:3,21 65:15
69:12,13,17
71:15 80:24
85:14,19 89:4
89:8 91:23
93:13,18
94:20 110:15
111:9 120:21

126:25 138:15 139:16 145:4 145:16,23
**two-minute (1)** 43:2
**two-stage (8)** 63:17 73:23 74:4 93:14,19 93:24 94:17 96:8
**type (9)** 11:23 12:18 14:12 51:19 68:18 93:7 112:12,14 137:7
**typed (1)** 80:4
**typically (3)** 22:15 102:15 120:2

**U**

**U (1)** 3:2
**U.S (1)** 38:3
**ultimate (2)** 39:22 40:3
**ultimately (6)** 17:20 61:2,2 131:4 140:10 148:4
**unauthorize... (1)** 5:9
**uncle (1)** 62:17
**unclear (1)** 151:7
**uncomfortab... (1)** 17:19 49:10 142:3
**undergo (5)** 21:2 51:6,7 67:21 81:17
**undergoing (6)** 63:21 68:18 78:7 81:13 85:11 130:18
**underlying (1)** 68:2
**understand (... (1)** 8:6,8,15 20:21 29:4 41:10 57:18 67:22 78:12 85:23
**understandi... (1)** 18:8 66:19 72:10 98:3 112:17 124:24 128:19 133:21 146:3 146:11
**understands ... (1)** 50:2 72:6,24 96:5
**Understood (... (1)** 19:21
**undertaken (1)** 145:11
**unexpected (2)** 44:6 117:11
**unhappy (6)** 16:11 20:9,13 22:18 139:8 139:11
**Uniform (1)** 3:4
**United (4)** 17:2 24:12 37:7 144:3
**University (7)** 8:22 9:6,7,15 10:14 13:18 13:19
**unscheduled ... (1)** 119:12
**unspecified (2)** 79:4 134:13
**upper (3)** 97:19 98:16 121:17
**upset (1)** 109:13
**use (5)** 87:10 136:9 146:6 149:2 150:11
**usually (2)** 35:17 45:6
**utilized (1)** 38:11

**V**

**Vanderbilt (1)** 9:6
**Varian (8)** 1:5 32:15,17 62:20 66:6 86:19 142:25 146:4
**variation (1)** 141:18
**vary (1)** 145:12
**vascularize (1)** 112:18
**VATS (1)** 9:8
**verify (3)** 29:6,12 33:25
**versed (1)** 87:23
**version (5)** 30:8,16 31:14 31:25 143:4
**versus (9)** 63:17 68:23 74:3 88:4 93:7,14 94:17 94:19 121:3
**vertical (6)** 38:22,23 72:7 72:24 118:11 120:13
**viable (2)** 52:7,13
**videoconfere... (1)** 1:15,18 2:8,14 2:21 5:3,4,7 5:14
**view (1)** 24:20
**violation (1)** 5:9
**visit (44)** 44:19 46:17 49:12 52:18 53:2 55:6,9 55:11 56:10 56:12,21 57:2 63:8 65:7 68:5 71:14,15 71:18 74:10 74:14 92:5 95:24 99:4 103:23,25 104:4,8,15 115:25 116:19 117:3 118:3,22 119:8,12,25 120:6 121:9 121:23 127:17 132:2 132:6,22 133:5
**visits (5)** 27:3 39:9 75:12 125:17 142:5
**vitamin (1)** 119:4
**voice (2)** 72:10 108:25
**voiced (1)** 112:20
**volume (1)** 30:24

**W**

**wait (8)** 14:2 37:21 56:25,25 59:8 59:8 111:4 122:15
**waived (1)** 4:10
**waiver (2)** 4:4,8
**walking (1)** 68:14
**want (40)** 8:6,14 22:21 24:13 29:17 35:6,24 36:3 37:21 40:8,13 41:9 60:25 67:13 74:11 85:23 90:10 95:18 104:13 105:17 107:20 108:6 113:19 117:18 119:22 120:4 122:7,18 127:13 136:4 142:8,11 147:24,25 148:11,16 149:14 150:18 151:6 151:10
**wanted (7)** 17:13 63:15 64:9 73:22 114:10

128:13 138:3
**wanting (3)**
20:12 52:11 93:7
**wants (3)**
20:22 96:7 131:10
**warranted (2)**
62:12 81:6
**Washington ...**
9:15 13:18
**wasn't (7)**
27:11 41:12 56:13 98:7 105:10,21 121:21
**way (19)**
17:11 33:2 36:13 56:8 58:17 64:20 70:9,23 83:2 87:12,13 91:13 100:17 100:22 123:11 139:6 139:7 140:24 153:13
**ways (5)**
115:20 135:12 136:2 141:21 144:14
**wear (1)**
77:17
**weeks (1)**
70:19
**weigh (1)**
120:24
**weight (2)**
16:16 28:12
**welcome (1)**
7:21
**well-docume...**
31:6 32:4
**went (7)**
17:16 62:24 97:10 115:19 125:22 131:11 146:12
**weren't (1)**
55:22
**Westchester ...**
1:3 10:15,22 10:25 11:6 102:2,6,9 137:3,8
**White (1)**
2:6
**wide (2)**
120:13 121:15
**widening (3)**
118:10,17 121:7
**wider (1)**
121:8
**wildly (2)**
34:3,8
**willing (1)**
62:22
**wishes (3)**
78:8 81:15 112:9
**withdraw (1)**
59:13
**witness (23)**
4:6,11 5:4,6,6 5:12,12,13 6:2 31:11 35:17 90:18 97:16 102:5 110:3 148:24 149:23 150:25 151:15 152:3 153:7,10 154:23
**witness's (1)**
5:7
**witnesses (1)**
57:10
**woman (2)**
51:11 68:22
**woman's (1)**
115:3
**women (1)**
97:2
**wondering (1)**
124:22
**word (3)**
23:8 89:4 111:19
**words (8)**
16:11 19:9 87:10 89:4,9 130:3 139:5 139:10
**work (2)**
35:10 98:11
**works (3)**
57:14 83:2 101:2
**world (2)**
21:8 24:12
**worn (1)**
77:18
**wouldn't (9)**
40:15,22 41:20 84:18,22 85:4 107:2 111:2 139:12
**wound (1)**
119:23
**WPATH (15)**
21:8 30:5,24 31:14,25 34:22 36:21 39:19 131:20 141:12 142:21 143:21 144:7 147:19 149:17
**wrap (1)**
95:20
**write (6)**
53:8 82:18,19 82:20 103:18 124:4
**writing (1)**
51:12
**written (6)**
5:8 11:22 12:17 53:25 76:14 103:18
**wrong (3)**
79:5,8 133:10
**wrote (6)**
78:24 80:2 84:5 103:22 120:9 129:21

**X**

**x (4)**
1:4,11 28:4 152:2
**xerox (1)**
101:9
**xxxxx (1)**
2:24

**Y**

**Y (1)**
28:5
**Yale (9)**
9:7 13:19 14:19,21 15:2 15:7,24 16:24 18:2
**yeah (8)**
12:14 30:18 97:16 102:20 104:24 109:8 122:3 144:25
**year (16)**
8:20 9:24,25 30:7 31:3,20 34:12,12,20 34:23 36:15 45:22 46:8,10 122:9 128:15
**year's (4)**
50:14,15,17 123:19
**years (24)**
7:10,12 9:10 9:11 10:10 16:5 29:16,17 29:24 30:18 33:7,16 34:14 46:6 48:2 71:20 78:16 85:17 92:8,13 108:23 126:14 128:16 131:11
**York (21)**
1:2,20 2:6,12 2:12,19,19 6:4,11 9:18 10:23 11:2 13:14,25 17:2 17:3 24:23 45:25 143:7 144:3 153:5
**young (3)**
43:17 94:4 113:18
**younger (2)**
17:5 32:8

**Z**

**0**

**05/21/2024 (1)**
154:2

**1**

**1 (4)**
70:11 134:6

149:5 150:4
**10 (2)**
128:16 136:24
**100 (7)**
55:3 111:14 114:14,15,23 128:17 136:24
**10005 (1)**
2:12
**10017 (1)**
2:19
**10536 (1)**
6:12
**10601 (1)**
2:6
**11 (1)**
128:16
**111 (1)**
6:11
**12/19/19 (1)**
110:14
**127 (1)**
152:5
**13 (5)**
30:3 33:2,18 33:19,23
**13-month (1)**
29:23
**137 (1)**
152:4
**14 (1)**
47:20
**15 (13)**
46:18 47:3 53:3,12,16,19 59:23 74:13 74:16 75:25 76:8 92:4 123:5
**150 (1)**
152:5
**151 (1)**
152:4
**15th (2)**
71:19 104:19
**16 (3)**
104:18 106:17 117:19
**16th (4)**
9:24 104:17,23 104:24
**17 (1)**
9:25
**18 (5)**
17:3 33:17 143:6 144:17 145:7
**19 (1)**
110:8
**1995 (2)**
8:23 9:5
**19th (3)**
106:19 107:13 110:21

**2**

**2/13/20 (1)**
119:8
**2:03 (1)**
1:13
**2:48 (1)**
43:4
**2:53 (1)**
43:4
**20 (6)**
16:8 43:23 51:5 116:16 136:25 154:24
**2000 (1)**
9:7
**2006 (1)**
9:12
**2007 (1)**
9:16
**2008 (7)**
9:18 14:15,16 14:18,20 45:23 128:16
**2009 (1)**
13:5
**2010 (1)**
13:6
**2012 (1)**
30:10
**2016 (1)**
38:3
**2017 (1)**
34:18
**2018 (3)**
32:21 77:5 81:21
**2019 (30)**
13:5,6 32:25 38:3 46:5,18 47:3,20 53:3 53:13,16,19 59:23 74:14 74:17 75:25 76:8 86:7 92:4 97:23 104:18 106:17,19 110:8 116:16 127:17 128:12,15 131:19 136:20
**2020 (3)**
117:4 118:3 123:5
**2022 (1)**
21:11
**2023 (1)**
12:20
**2024 (1)**
1:13
**20th (3)**
116:3,5 117:6
**21 (5)**
1:13 30:24 31:15 39:20 143:14
**22 (1)**
16:2
**220 (1)**
2:19
**221 (1)**
3:4
**25 (2)**
97:23 108:23
**25th (2)**
98:12,15
**27 (2)**
96:21 97:9
**28 (2)**
117:4 118:3
**28th (1)**
117:5

**3**

**3 (1)**
94:24
**3:35 (1)**
80:22
**3:47 (1)**
80:22
**30 (6)**
48:17 49:20 96:21 97:9 131:11 132:4
**31 (1)**
3:9
**3113 (1)**
5:3
**3115 (3)**
3:6,13,19
**3116 (1)**
4:8
**3117 (1)**
4:8
**32nd (1)**
2:12

**4**

**4 (3)**
70:11 149:5 150:4
**4-millimeter ...**
94:24
**4:01 (1)**
91:25
**4:05 (1)**
91:25
**4:43 (1)**
127:5
**4:48 (1)**
127:5
**40 (5)**
49:20 96:20,25 97:8 132:4
**42nd (1)**
2:19
**4th (5)**
95:25 99:5,6,7 104:19

**5**

**5:23 (1)**
151:16
**50 (2)**
128:16 136:24
**56 (1)**
39:21
**59 (2)**
31:6 32:2

**6**

**6 (1)**
152:4
**6/30/2020 (1)**
120:6
**61150/2023 (1)**
1:6

**7**

**7 (4)**
30:24 31:14 32:2 143:4

**70 (1)**
100:8

**8**

**81 (1)**
2:5
**88 (1)**
2:12

**9**

**99 (6)**
81:10 82:14
84:11 85:7
130:16 134:3
**9th (3)**
117:5,7,9